

FILED



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

May 15 1997 8:00am  
Secretary of State

**CARMEN'S MONTESSORI CHILDREN, INC.**

Mailing Address

8205 GRANADA BLVD.  
ORLANDO FL 32836-5302  
US

**3a. Date of Last Report**  
**05/01/1996**

2a. Mailing Address

26 Suite, Apt. #, etc.

**27** \_\_\_\_\_  
City & State

28 Zip Country

29 30

**9. Name and Address of Current Registered Agent**

## 10. Name and Address of New Registered Agent

81	Name	Fisher, Carmen C.
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82 Street Address (P.O. Box Number is Not Acceptable)  
8205 Granada Blvd.

83		
84	City <u>Orlando</u>	FL 85 Zip Code <u>32836</u>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE [Signature]  
Signature (typed or printed name of registered agent and title if applicable):

(NOTE: Registered Agent signature required when re-instating)

DATE \_\_\_\_\_

12.	OFFICERS AND DIRECTORS
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## OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.1 TITLE ☐ Change ☐ Addition

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William P. E. Norman Eicher 1/30/97 (UO) 876-332

CR2E034 (9/96)