FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P94000049569 (4)

Principal Place of Business Mailing Address 8205 GRANADA BLVD. 8205 GRANADA BLVD. ORLANDO FL 32836 ORLANDO FL 32836 2. Principal Place of Business 2a. Mailing Address

FILED May 15 1998 8:00am Secretary of State

CARMEN'S MONTESSORI CHILDREN, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1994 Applied For 21 26 59-3121287 Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζφ Zipi Country This corporation owes or has paid the current year Intangible 24 Yes 25 29 ☐ No 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FISHER, CARMEN C 8205 GRANDADA BLVD **B2** Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32839 83 84 City Zip Code 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 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature DATE hen reinstating) 12. CR2E034 (10/97 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE TITLE Change Addition FISHER, CARMEN NAME 1.2 NAME 8205 GRANADA BLVD. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - ST - 7/P DELETE TITLE 21 1IILE ☐ Change ___ Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE 🔲 DELETE 4 1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 trusted 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 the address.

SIGNATURE: