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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katheri 1e Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P940m22010,

i-AKE MARY MonTessori Academy, IN'C

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90142 039 ***150.00

	'	1						
Principal Plan	ce of Business	Mailing Address			—-			
				01				
7551	W. Lake Mary Blvd.	1100 Clingin	1100 Clinging Vine Place Winter Springs, FL 32708					
#205 and Winter Excise Fl				27708 DO NOT WRITE IN THIS SPACE				
LAKE MARRY, FL 32776 WINTER Springs, FL				3. Date Incorporated or Qualifed				
-	<i>J.</i>					11/18/1994		
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	-	Applied For
21		26 1100 C//ng/ Suite, Apt. #, etc.	19 Vin	e flac	e	59- 3282823		Not / pplicable
Suite, Ap	. #, etç;	Suite, Apt. #, etc.	-					Additional
22	#, etc. # 205	27				5. Certificate of Status Desired	Fee F	Required
City & Sta		City & State		id	-	6. Election Campaign Financing	\$5.0	0 May Be
23		28 WinTer Spring	75, K	L		Trust Fund Contribution		d to Fees
~Zip	Country	Zip —	Cour	try -		8. This corporation owes the current year	ntangible	
24	25	29 32708	30	`ک	- 1	Personal Property Tax.	Yes	Ľ'No
	9. Name and Address of Curren					10. Name and Address of New Registere	d Agent	
	Morrison, William H 7100 S. Hwy 17-92 Fern Park, FL 3273	ł	i	81 Name	٠			
	MALIZEN MILLIAM	•	-	82 Street	Address	s (P.O. Box Number is Not Acceptable)		
	7100 S. Hwy 17-92			ou con	ridd co.	(1.0. Box Hamber 13 Not / Gooptable)		
	1 0 2222	₹,.		83			-	
	Sern Park, FL 3670	<i>'</i> O	_	24 20				
	1		ì	B4 City		F	85 Zip	o Code
11. Pursuan 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 at thorized by the corporation's board of directors. I hereby accept the appointment as regis ered								
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Flor da Statutes.								
SIGNATURE Signature, typed or printed name of registered agent at d title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	C FFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	OR5- IN 12
TITLE	DOV 1: Wille SheiLA	DELETE	1,1 TITL	E			Change	Addition
NAME	DOV Linuille, Sheila	ΙΥ .	1.2 NAN	IΕ	1:	at a Dine Over		
STREET ADDRESS	·		13 STR	EET ADDRESS	1106	Clinging Vine Place		
CITY-ST-ZIP			1,4 CIT	-ST-ZIP	Wir	Mer Springs, FL 32708		
TITLE	ST 1: 11 Shill C	☐ DELETE	2 1 TITL		<u> </u>		Change	Addition
NAME	Linville SheiLA M	rı	2.2 NAM	E		W Oken		
STREET ADDRESS	'		2.3 STR	EET ADDRESS	1.00	Clinging Vine Place		
CITY-ST-ZIP			2 4 CIT	Y-ST-ZIP	Millin	Ter Springs, PL 32708		
TITLE		☐ DELETE	3 1 TITL		100	1	Change	e Addition
NAME			32 NAM				_	
STREET ADDRESS			Ħ	EET ADDRESS				
CITY-ST-ZIP			H	Y-ST-ZIP				-
TITLE		☐ DELETE	4 1 TITL		\vdash		Change	Addition
NAME			4 2 NA					
STREET ADDRESS			li .	EET ADDRESS				
CITY-ST-ZIP			l II	-ST-ZIP				
TITLE		☐ DELETE	5.1 TITL				Change	Addition
NAME			5.2 NAM					_
STREET ADDRESS			1	EET ADDRESS				ſ
			5.4 CITY					
TITLE		DELETE	6.1 TITL		\vdash		☐ Change	Addition
NAME		E. 905010	6.2 NAM					
STREET ADDRESS			1	EET ADDRESS				
			64 CITY					Ì
CITY-ST-ZIP	Partify that the information supplied wit	h tais filing does not qualify fo			d in Sect	ion 119.07(3/ii) Florida Statutes I further or	a tify that the	info mation

I. I hereby sertify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further ce tify 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 ard an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATUR : AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

407 - 324 - 236 4

2E034 (11/98)