

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000004153 (9)

1. Corporation Name

HARVARD PRESCHOOL, INC.

Principal Place of Business

22516 SWORDFISH DRIVE
BOCA RATON FL 33428

Mailing Address

22516 SWORDFISH DRIVE
BOCA RATON FL 33428



3. Date Incorporated or Qualified
01/17/1995

3a. Date of Last Report

1/17/95

2. Principal Place of Business

2a. Mailing Address

21 8955 N.W. 50th ST
Suite, Apt. #, etc.

26 8955 NW 50th ST
Suite, Apt. #, etc.

22 City & State

27 City & State

23 SUNRISE, FL
Zip Country

28 SUNRISE, FL
Zip Country

24 33351 25 USA

29 33351 30 USA

4. FEI Number

65-0551494

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

81 Name

ROBIN FYNE

82 Street Address (P.O. Box Number is Not Acceptable)

22516 Swordfish Dr

83

84 City

BOCA RATON

FL

85 Zip Code

33428

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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

Robin Fyne

ROBIN FYNE, President

5/7/96

(Signature typed or printed name of registered agent is not applicable)

(Signature typed or printed name of registered agent is not applicable)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FYNE, ROBIN
STREET ADDRESS 22516 SWORDFISH DRIVE
CITY-ST-ZIP BOCA RATON FL 33428

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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-05/15/96--01054--006
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Robin Fyne
ROBIN FYNE

4/20/96 954-748-0006
Daytime Phone #

CR2E034 (12/95)