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

Mailing Address

675 AUBURN AVE

**PROFIT CORPORATION** ANNUAL REPORT

1999

Principal Place of Business

675 AUBURN AVE



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90085 020 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000019010**1. Corporation Name

YOUTHLAND ACADEMY OF DELRAY BEACH, INC.

DELRAY BCH	FL 33344	DELRAY BCH FL 33344							
US		US				DO NOT WR	ITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
						03/06/1995			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0581765			Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22		27				5. Certifcate of Status Desired		Fee	Required
City & Sta	ite	City & State				6. Election Campaign Financing		\$5.0	0 May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Соц	untry		8. This corporation owes the curr	rent vear Inta	angible	
24	25	29	30			Personal Property Tax.	,	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New I	Registered /	Agent	
		3		81	Name			_	
	IO, SALVATOIRE	* 1		-	C4	(D Q D ) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
675 AUBURN AVE		·	82 Street Add		Street Addre	ss (P.O. Box Number is Not Accepta	able)		
DEL	RAY BEACH FL 33344			83		198 2013 33,0775 190 58	r tektu kiring	T. g (2, 1 5 *)	4) (15) 380 (E.H.
							<b>电路图图</b>	護測護	<b>新聞報問</b>
ļ				84	City	750 7% VH S 464 1 8421 70 -	11 24 1 38 7 11 E-1	85 Zir	Code States
11. Pursuant	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statu	tes the a	bove	-named corno	ration submits this statement for the	numore of	- hanging i	te registered
l ource our	registered agent, or both, in the State (	of Florida. Such change was :	authonzec	d by i	the corporation	's board of directors. I hereby accep	ot the appoin	itment as i	registered
	am familiar with, and accept the obligat	tions of, Section 607.0505, Fi	orida Stati	utes.					
SIGNATURE	Signature, typed or printed name of registered even	t and title if englishing (NOT	E: Oneistesed	I Amani	alanatura annuland				
12.	Signature, typed or printed name of registered agen			l Agent	signature required	when reinstating): 15,7%.	DATE	DIRECT	ODS IN 12
	OFFICERS AN	D DIRECTORS	13.		signature required	ADDITIONS/CHANGES TO OF			
12. TITLE	OFFICERS AN		13. 1.1 TT	TLE	signature required			D DIRECT	
12. TITLE NAME	OFFICERS AND P. SCHMITT, MARY	D DIRECTORS	13. 1.1 TT 1.2 N	TLE AME		ADDITIONS/CHANGES TO OF			
12. TITLE NAME STREET ADDRESS	P SCHMITT, MARY 1290 GEORGE BUSH BLVD	D DIRECTORS	13. 1.1 TT 1.2 NA 1.3 ST	TLE AME TREET	ADORESS	ADDITIONS/CHANGES TO OF			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. SCHMITT, MARY 1290 GEORGE BUSH BLVD DELRAY BCH FL 33483	D DIRECTORS	13. 1.1 TT 1.2 NA 1.3 ST 1.4 Cf	TLE AME TREET	ADORESS	ADDITIONS/CHANGES TO OF		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P. SCHMITT, MARY 1290 GEORGE BUSH BLVD DELRAY BCH FL 33483 V	D DIRECTORS	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CF 2.1 TT	TLE AME TREET TY-ST	ADORESS	ADDITIONS/CHANGES TO OF			Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P. SCHMITT, MARY 1290 GEORGE BUSH BLVD DELRAY BCH FL 33483 V LAINO, SALVATOIRE	D DIRECTORS	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA	TLE AME TREET. TY-ST TLE	ADDRESS ZIP	ADDITIONS/CHANGES TO OF		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P. SCHMITT, MARY 1290 GEORGE BUSH BLVD DELRAY BCH FL 33483 V LAINO, SALVATOIRE 2386 SW 11TH AVE	D DIRECTORS	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA	TLE AME TREET. TY-ST TLE	ADORESS	ADDITIONS/CHANGES TO OF		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. SCHMITT, MARY 1290 GEORGE BUSH BLVD DELRAY BCH FL 33483 V LAINO, SALVATOIRE	D DIRECTORS  DELETE  DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CI	TLE AME TREET. TY-ST TLE AME TREET,	ADORESS - ZIP	ADDITIONS/CHANGES TO OF		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P. SCHMITT, MARY 1290 GEORGE BUSH BLVD DELRAY BCH FL 33483 V LAINO, SALVATOIRE 2386 SW 11TH AVE BOYNTON BCH FL	D DIRECTORS	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST	TLE AME TREET. TY-ST TLE AME TREET,	ADORESS - ZIP	ADDITIONS/CHANGES TO OF		☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. SCHMITT, MARY 1290 GEORGE BUSH BLVD DELRAY BCH FL 33483 V LAINO, SALVATOIRE 2386 SW 11TH AVE	D DIRECTORS  DELETE  DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CI	TLE AME TY-ST TLE AME TREET TREET	ADORESS - ZIP	ADDITIONS/CHANGES TO OF		☐ Change	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	P. SCHMITT, MARY 1290 GEORGE BUSH BLVD DELRAY BCH FL 33483 V LAINO, SALVATOIRE 2386 SW 11TH AVE BOYNTON BCH FL	D DIRECTORS  DELETE  DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CT 3.1 TT 3.2 NA 3.3 ST	TLE TREET. TY-ST TLE TREET. TY-ST TLE TY-ST TLE	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	ADDITIONS/CHANGES TO OF	FICERS ANI	☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P. SCHMITT, MARY 1290 GEORGE BUSH BLVD DELRAY BCH FL 33483 V LAINO, SALVATOIRE 2386 SW 11TH AVE BOYNTON BCH FL	D DIRECTORS  DELETE  DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CT 3.1 TT 3.2 NA 3.3 ST	TLE AME TREET, TY-ST TLE AME TREET, TLE THE TREET, TLE TREET, TTY-ST	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	ADDITIONS/CHANGES TO OF	FICERS ANI	☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	P. SCHMITT, MARY 1290 GEORGE BUSH BLVD DELRAY BCH FL 33483 V LAINO, SALVATOIRE 2386 SW 11TH AVE BOYNTON BCH FL	D DIRECTORS  DELETE  DELETE	13. 1.1 IT 1.2 NA 1.3 ST 1.4 CT 2.1 TH 2.2 NA 2.3 ST 2.4 CH 3.1 TH 3.2 NA 3.3 ST 3.4 CH	TILE TREET. TY-ST TLE AME TREET. TY-ST TLE TTY-ST TLE TTY-ST	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	ADDITIONS/CHANGES TO OF	FICERS ANI	☐ Change	Addition Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	P. SCHMITT, MARY 1290 GEORGE BUSH BLVD DELRAY BCH FL 33483 V LAINO, SALVATOIRE 2386 SW 11TH AVE BOYNTON BCH FL	D DIRECTORS  DELETE  DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TTI 2.2 NA 2.3 ST 2.4 CT 3.1 TTI 3.2 NA 3.3 ST 3.4 . CT 4.1 TTT 4.2 NA	TILE TREET, TY-ST TILE AME REET, TY-ST TILE TY-ST TY-ST TILE TY-ST TY TY-ST T	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	ADDITIONS/CHANGES TO OF	FICERS ANI	☐ Change	Addition Addition
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P. SCHMITT, MARY 1290 GEORGE BUSH BLVD DELRAY BCH FL 33483 V LAINO, SALVATOIRE 2386 SW 11TH AVE BOYNTON BCH FL	D DIRECTORS  DELETE  DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CT 2.1 TTI 2.2 NA 2.3 ST 2.4 CT 3.1 TR 3.2 NA 3.3 ST 3.4 . CT 4.1 TR 4.2 NA 4.3 ST	TILE TREET, TY-ST TILE AME REET, TILE TY-ST TILE AME REET, TY-ST TILE TY-ST	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	ADDITIONS/CHANGES TO OF	FICERS ANI	☐ Change	Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. SCHMITT, MARY 1290 GEORGE BUSH BLVD DELRAY BCH FL 33483 V LAINO, SALVATOIRE 2386 SW 11TH AVE BOYNTON BCH FL	D DELETE  DELETE  DELETE	13. 1.1 TT 1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4 CF 4.1 TH 4.2 NA 4.3 ST 4.4 CF 4.4 CF	TLE TREET, TY-ST TLE AME TREET, TY-ST TLE AME TY-ST TLE TY-ST TLE TY-ST TLE TY-ST TLE TY-ST TLE TY-ST	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	ADDITIONS/CHANGES TO OF	FICERS ANI	☐ Change ☐ Change	Addition  Addition  Addition

14. I 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 supplied ental 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 an an adachment with an address with all other like empowered.

□ DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE** 

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

Addition

☐ Change

CR2E034 (11/98)