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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000033672 (3)

BARRINGTON ACADEMY, INC.

FILED
May 02 1997 8:00am
Secretary of State

Principal Piac 8TE, 105, 5975 MIAMI_FL 3314	Address 5975 SW 72ND STREET 33143-5198							
					•	3, Date Incorporated or Qualified 05/01/1995	3a. Date of Le 05/01/199	ast Report 96
2. Principal P	Place of Businoss	2a. Mailing 26	2a. Mailing Address 26			4, FEI Number 65-0427672	Applied For Not Applicable	
Suite, Apt.	#, etc.	27				5. Certificate of Status Desired		75 Additional se Required
City & Stat		28	<u> </u>			6. Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees
Zip 24	25 29		30		· · · · · · · · · · · · · · · · · · ·	8, This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10, Name and Address of New Registered Agent		
MOX	9. Name and Address of Currer BBO, CHUCK	nt Hegistered Aç	jent	B1	Name	10, Name and Address of New He	Jistered Agent	
STE. 124, 2331 N. STATE ROAD 7				82		ess (P.O. Box Number is Not Acceptab	Jo)	
LAUDERHILL FL 33313				Officer / dure	ess (i .o. blox Mambel is Mot Acceptac			
<u> </u>				83			*	i
				84	City		FI 85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered agent, or both, in the State of Florida. Such change was authorized to the state of Florida.					! e-named corp	oration submits this statement for the p	urpose of chang	ing its registered
agent. La	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such jations of, Section	change was au 1 607.0505, Flori	ida Statutes	y the corporati s.	ion's board of directors. I hereby accep	it the appointmen	nt as registered
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title of newlection	MOTE	Projetotos Aug	red cionest un tempis	ed when reinstating)	DATE	
12,		eni and the il appicati ID DIRECTORS	. (NOIL	13,	ant signature require	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	DP DELETE			1.1 TITLE			☐ Cha	
NAME	THOMAS, GWENDOLYN			1.2 NAME				
STREET ADDRESS	26662 SW 125TH COURT			13 STREET	ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL 33032		Deleve	1.4 D(TY - S	ST - ZIP			
TITLE	THOMAS, CURTIS	,	DELETE	2.1 1111.6			Cha	ange [_] Addition
NAME OVEREN ADDRESS	26662 S.W. 125TH COURT			2.2 NAME	1000000			
STREET ADDRESS	HOMESTEAD FL			23 \$TREET	·	ų, .e	1.4	
CITY-ST-ZIP TITLE	TIOMEOTO I C		DELETE	2 4 CITY - S 31 THILE	51-211		☐ Cha	ange [] Addition
NAME	,		_	3.2 NAME				
STREET ADDRESS				3.3 \$TREFT	ADDRESS			
CITY-ST-ZIP				3.4. CITY-	S1-2IP			
TITLE			DELETE	4.1 TITLE			☐ Cha	ange Addition
NAME				4. 2 NAME				
STREET ADDRESS				43 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	ST - 7IP			
TITLE	ļ	l	DELETE	5.1 TITLE			☐ Cha	ange [_] Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET				
CITY-ST-ZIP			DELETE	5.4 GITY - S	31 - 7 P		☐ Cha	ange Addition
TITLE			- breet	61 TAILE				uide 🗀 vanition
NAME STREET ADDRESS				6.2 NAME 6.3 STREET	ADDRESS			
■ DINEEL PAPANESS	i			U.U DINCE	UNITERS			

14. I do hereby certify that the information supplied with this filling 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or mustbe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

4-24-97