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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000033672

BARRINGTON ACADEMY, INC.

-							
Principal Place of Business Mailing Address					- I (ODLIĐĐI LIO IBIĐI BILLI DUTLI ABITI OBLIL GAL	ia sti da itai a a ster t	ELE HAL LEAL
STE. 105, 5975 SW 72ND STREET MIAMI FL 33143 STE. 105, 5975 SW 72ND ST MIAMI FL 33143			STREET		DO NOT WRITE IN TH	S SDACE	
						3 SPACE	—— _—
					3. Date Incorporated or Qualifed		Ì
					05/01/1995		liad For
2. Principal Pla	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number Applie		Applicable
21 26					65-0427672	\$8.75 A	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	<u>`</u>
-	;	28			Trust Fund Contribution	Added to	
23 Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year I	ntangible	
24	25	29	30		Personal Property Tax. Yes No		
24	9. Name and Address of Current		1==1		10. Name and Address of New Registere	d Agent	
 	.,			81 Name			
MOG	BO, CHUCK			82 Street Add	lress (P.O. Box Number is Not Acceptable)		
STE.	124, 2331 N. STATE ROAD 7			olicer ries			
LAUE	DERHILL FL 33313			83			
	·			84 City		. 85 Zip C	ode
					poration submits this statement for the purpose	ᄔᆝᆝᅟ	•
	Signature, typed or printed name of registered agen		<u>-</u>	Agent signature requin	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	PS IN 12
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE	DP	☐ DÉLETE	1.1 71	ľ		- Streetings	
NAME	THOMAS, GWENDOLYN		1.2 N	1			
STREET ADDRESS	26662 SW 125TH COURT		1	TREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD FL 33032	[] DELETE	1.4 CI 2.1 TI	TY-ST-ZIP		Change	Addition
TITLE	VPS	רין אבנבונ	2.1 11 2.2 N	l l			
NAME .	THOMAS, CONTRO			TREET ADDRESS			
STREET ADDRESS	3002 0.11. 120111 000111		4	CITY-ST-ZIP			
CITY-ST-ZIP	HOMESTEAD FL		3.1 TI		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME		_	3.2 N	[
STREET ADDRESS			ı	TREET ADDRESS			
CITY-ST-ZIP			3.4. 0	CITY-ST-ZIP			
TITLE	☐ DELETE 4.1		4.1 TI			☐ Change	Addition
NAME			4. 2 N	AME			
STREET ADDRESS			438	TREET ADDRESS			
CITY-ST-ZIP	•		4.4 C	ITY-ST-ZIP			
TITLE		☐ DELETE	5.1 T	TLE		Change	☐ Addition
NAME			5.2 N	AME			
STREET ADDRESS			5.3 S	TREET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP		Пс:	□ \$ 4411;;
TITLE		☐ DELETE	6.1 T			☐ Change	☐ Addition
NAME		•	6.2 N				
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP	<u> </u>			ITY-ST-ZIP	140 07/0V() Fl. (1 0 1 1 1 1 1		-formation
		il annual report is true and acc siver or trustee empowered to			Section 119.07(3)(i), Florida Statutes. I further or shall have the same legal effect as if made u uired by Chapter 607, Florida Statutes; and that		

SIGNATURE: CURT

Daytime Phone #

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90178 003 ***150.00

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