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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078022 (7)

WOOD MONTESSORI ACADEMY, INC.

Principal Place of Business Mailing Address 2526 RICHARD RD 2526 RICHARD RD. PALM BEACH GARDENS FL 33403-1426 PALM BEACH GARDENS FL 33403 3. Date Incorporated or Qualified 3a. Date of Last Report 10/06/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0616393 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıp Country 8. This corporation has liability for intengible tax under s. 199.032, Yes □ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 WOOD, CAROL 2526 RICHARD RD. 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33403 83 84 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 667,1508, 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 authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the philipations of Section 607.0505, Florida Statutes. 1/31/97 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition THILE 11 TITLE WOOD, CAROL NAME **1.2 NAME** 2526 RICHARD ROAD STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL DITY-ST-ZIF 1.4 CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE

appears in Block 12 o

NO TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am an officer or director at the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

C. Wood 1/3/19

561-842-551

FILED

Feb 06 1997 8:00am

Secretary of State