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

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000050424 (6)

GULFSTREAM MONTESSORI SCHOOL, INC.

Principal Place of Business	Mailing Address	t i Barcont eile filten meitz marte marte darin dreit gezet dieter drain frimte atat. Mar
750 E HALLANDALE BEACH BLVD. HALLANDALE FL 33009	750 E HALLANDALE BEACH BLVD. HALLANDALE FL 33009	DO NOT WRITE IN THIS SPACE

FILED

Mar 18 1998 8:00am

Secretary of State

Applied For

 Date Incorporated or Qualified 06/10/1996

Suite, Apt. #, etc. Suite, Apt. #, etc. 27	5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be
28	, , , , , , , , , , , , , , , , , , , ,
Zip Country Zip Countr	Trust Fund Contribution Added to Fees
	8. This corporation owes or has paid the current year Intangible
24 25 29 30	Personal Property Tax due June 30. Yes No
g, Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAAR, RICHARD A	Name
420 LINCOLN ROAD 82	2 Street Address (P.O. Box Number is Not Acceptable)
SUITE 512	of the Progress (1.0. Dex Hamber to Het Acceptable)
MIAMI BEACH FL 33139	
84	City FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above	ve-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	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 Statute	5S.
SIGNATURE Signature, typed or printed harne of registered aport and title if applicable (NOTE: Registered Ag	genI signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD DELETE 1.1 TITLE	
NAME VICKERS, LINDA 12 NAME	
THE PLANT AND ALP PERSON BALES	ET ADDRESS
MALLANDALE EL BOSCO	
CITY-ST-ZP TRACLANDALE PL 33009 14 CITY- TITLE VSTD DELETE 2.1 TITLE	· · · · · · · · · · · · · · · · · · ·
NAME BURNETT, LAURA V 22 NAME	
THE E LINE AND ALE DESCRIPTION	ET ADDRESS
HALLANDALE EL ACCOC	
CITY-ST-ZIP TRALLANUALE PL 33009 2 4 CITY- TITLE DELETE 3.1 TITLE	
NAME 3.2 NAME	
	ET ADDRESS
CITY-ST-ZIP 34.CITY- TITLE DELETE 4.1 TITLE	
	_ : _
NAME 4. 2 NAME	
	ET ADDRESS
CITY-ST-ZIP 4.4 CITY- TITLE DELETE 5.1 TITLE	
NAME 52 NAME	
	ET ADDRESS
CITY-SY-ZIP 5.4 CITY-	
TITLE DELETE 6.1 TITLE	
NAME 6.2 NAME	∶
STREET ADDRESS 6.3 STREE	ET ADDRESS
CITY-ST-ZIP 6.4 CITY- 14. I hereby certify that the information supplied with this filing does not qualify for the exemple indicated on this annual report of supplemental annual report is true and accurate and it	-ST-ZIP

Linda Vickers