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

PROFIT CORPORATION ANNUAL REPORT 1999



DOCUMENT # P9600063079

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90122 023 ***155.00

EXCELSIOR ARTZ PREPARATO	DRY SCHOOL, INC.			
Principal Place of Business	Mailing Address			
5336 N UNIVERSITY DR LAUDERHILL FL 33351 US	5336 N UNIVERSITY DR LAUDERHILL FL-33351		DO NOT WRITE IN TH	IIS SPACE
	_	·	3. Date Incorporated or Qualified 07/24/1996	
2. Principal Place of Business 21 5'336 N. University Dri	ve Landerhill, Fl 333	351 - (Same)	4. FEI Number 65-0690255	Applied For Not Applicable
Suite, Apt. #, etc. NA	Suite, Apt. #. 9tc. A		5. Certificate of Status Desired	\$8.75 Additional [/] Fee Required
City & State 23 Lauderhill Florid	a 28 Lauderhi	11 Florid	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees /
Zip33351 Zip County	ubid 29 33351 3	Country Prowar		☐ Yes D No.
9. Name and Address of	Current Registered Agent		10. Name and Address of New Register	ed Agent
WILLIAMS, LEVI J		81 Name 82 Street Add	ress (P.O. Box Number is Not Acceptable)	
200 SE 13TH ST		0		
FERTIG & GRAMLING		83		
FT LAUDERDALE FL 33068		84 City		L 85 Zip Code
Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE Signal lyped opinited name i regis	e State of Florida. Such change was autholications of, Section 607,0505, Florid	the above-named corporation to the corporation of t	poration submits this statement for the purpose on's board of directors. I hereby accept the ap-	of changing its registered pointment as registered.
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
πιε D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME BAUGH, KAYANN		1.2 NAME		
STREET ADDRESS 6800 WEST CYPRESS ROAD STE 503		1.3 STREET ADDRESS		ł

PLANTATION FL 33317 1.4 CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-\$T-ZIP ☐ DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY+ST-ZIP

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 supplemental 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED SIGNING OFFICER OR DIRECTOR

Daytime Phone #