**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P97000009214 (2) DOCUMENT #

1. Corporation Name

PRESCHOOL, INC. ST MICHAEL'S

## FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90021 017 \*\*\*158.75

| Principal Place of Business  3401 NW 213th Terrace  P.O. Box 560906 |                                                                                  |                                                                   |               |                |                                    |                                                                                   |              |                     |                              |       |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------|----------------|------------------------------------|-----------------------------------------------------------------------------------|--------------|---------------------|------------------------------|-------|
| Carol City, FL 33056 Carol City, FL 3                               |                                                                                  |                                                                   |               |                | )                                  | DO NOT WRIT                                                                       | SPACE        |                     |                              |       |
|                                                                     |                                                                                  |                                                                   |               |                |                                    | Date Incorporated or Qualifed                                                     | IE IN THIS   | 3FACE               |                              | ٦     |
|                                                                     |                                                                                  |                                                                   |               |                |                                    | 01/27/97                                                                          |              |                     |                              |       |
| 2 Principal B                                                       | lace of Business                                                                 | 2a. Mailing Address                                               |               |                |                                    | 4. FEI Number                                                                     | <del></del>  |                     | Applied For                  | 1     |
| —^^                                                                 |                                                                                  | 26 P.O. BOX 560906                                                |               |                |                                    | 65-0723935                                                                        |              | ·                   | Not Applicable               | -     |
| 21 3401 NW 213th Terrace Suite, Apt. #, etc.                        |                                                                                  | Suite, Apt. #, etc.                                               |               |                | 05 0725555                         |                                                                                   |              | 5 Additional        | 1                            |       |
| 22                                                                  |                                                                                  | 27                                                                |               |                |                                    | 5. Certifcate of Status Desired                                                   | X            | •                   | Required                     |       |
| City & State                                                        |                                                                                  | City & State                                                      |               |                |                                    | 6. Election Campaign Financing                                                    |              | \$5.0               | 0 May Be                     | 1     |
| 23 CAROL CITY, FL                                                   |                                                                                  | 28 CAROL CITY, FL                                                 |               |                |                                    | Trust Fund Contribution                                                           |              |                     | d to Fees                    | ļ     |
| Zip                                                                 | Country                                                                          | Zip . Country                                                     |               |                | 8. This corporation owes the curre | ent vear Inta                                                                     | naible       |                     | 1                            |       |
| 24 33056                                                            | 25 USA                                                                           | 29 33056                                                          | 30            | US             | A                                  | Personal Property Tax.                                                            | ,            | Yes                 | □No                          | }     |
| <u> </u>                                                            | 9. Name and Address of Current                                                   |                                                                   |               | T -            |                                    | 10. Name and Address of New R                                                     | egistered A  | gent                |                              | 1     |
| CORDO                                                               | N, RAY A                                                                         |                                                                   |               | 81             | Name                               |                                                                                   |              |                     |                              |       |
|                                                                     | W 213th Terrace                                                                  |                                                                   | 82 Street Add |                |                                    | ddress (P.O. Box Number is Not Acceptable)                                        |              |                     |                              | 4     |
|                                                                     | City, FL 33056.                                                                  |                                                                   | 82) Street A  |                |                                    | ess (F.O. Box Number is Not Accepta                                               | ole)         |                     |                              | İ     |
| Carui                                                               | CICA, LP 22020.                                                                  |                                                                   |               | 83             |                                    | <del></del>                                                                       |              |                     |                              | 1     |
|                                                                     |                                                                                  |                                                                   |               | 84             | City                               |                                                                                   |              | 85 Z                | p Code                       | -     |
|                                                                     |                                                                                  |                                                                   |               |                |                                    |                                                                                   | <u> </u>     | <u> </u>            |                              | 4     |
| 11. Pursuant                                                        | to the provisions of Sections 607.0502 egistered agent, or both, in the State of | t and 607.1508, Florida Statute<br>of Florida, Such change was au | s, the a      | bove<br>d by t | -named corp<br>he corporation      | oration submits this statement for the<br>on's board of directors. I hereby accep | purpose of o | hanging<br>tment as | its registered<br>registered |       |
| agent. I a                                                          | m familiar with, and accept the obligati                                         | ions of, Section 607.0505, Flori                                  | da Stat       | utes.          | po                                 | ,                                                                                 |              |                     | 3.2                          |       |
| SIGNATURE                                                           |                                                                                  | WOTE-                                                             | <u> </u>      | Ra             | y A. G                             | ordon, 0<br>d when reinstating)                                                   | 4/29/9       | 9                   |                              |       |
| 12.                                                                 | Signature, typed or printed name of registered agent OFFICERS ANI                |                                                                   | 13.           | Agent          | signature require                  | ADDITIONS/CHANGES TO OFF                                                          |              |                     | TORS IN 12                   | - 8   |
| TITLE                                                               |                                                                                  | □ DELETE                                                          | 1.1 TI        | TI F           |                                    | Applitation of fixed to all                                                       | 10210741     | Chang               |                              | ,   ; |
| NAME                                                                | P/D                                                                              |                                                                   | 1.2 N         |                |                                    |                                                                                   |              |                     | _                            | ;     |
|                                                                     | GORDON, RAY A                                                                    |                                                                   | 11            |                | ADDRESS                            |                                                                                   |              |                     |                              | 8     |
| STREET ADDRESS                                                      | 8413 SW 164th Terra                                                              | ce                                                                | li            |                | 1                                  |                                                                                   |              |                     |                              | L     |
| CITY-ST-ZIP                                                         | Miami, FL_33157                                                                  | DELETE                                                            | 2.1 TO        | ITY-ST-        | -ZiP                               |                                                                                   |              | Chang               | e                            | - 6   |
| TITLE                                                               | S/T/D                                                                            | [] Occord                                                         | 11            |                |                                    |                                                                                   |              | onlang              |                              |       |
| NAME                                                                | GORDON, DOREEN J                                                                 |                                                                   | 2.2 N         |                |                                    |                                                                                   |              |                     |                              |       |
| STREET ADDRESS                                                      | 8413 SW 164th Terra                                                              | ce                                                                | li .          |                | ADDRESS                            |                                                                                   |              |                     |                              |       |
| CITY-ST-ZIP                                                         | <del>Miami, FL 33157</del>                                                       | □ DELETE                                                          | - 11 -        | TY-ST          | -ZiP                               | <del></del>                                                                       |              | Chana               | n Maddition                  | -     |
| TITLE                                                               | ,                                                                                |                                                                   | 3.1 ∏         |                | j                                  |                                                                                   |              | ☐ Chang             | e                            |       |
| NAME                                                                |                                                                                  |                                                                   | 3.2 N         |                |                                    |                                                                                   |              |                     |                              |       |
| STREET ADDRESS                                                      | •                                                                                |                                                                   | 3.3 \$1       | TREET          | ADDRESS                            |                                                                                   |              |                     |                              |       |
| CITY-ST-ZIP                                                         |                                                                                  |                                                                   | -11           | ITY-ST         | -ZIP                               |                                                                                   |              |                     |                              | -     |
| TITLE                                                               |                                                                                  | ☐ DELETE                                                          | 4.1 Ti        | TLE            | - 1                                |                                                                                   |              | Chang               | e Addition                   |       |
| NAME                                                                |                                                                                  |                                                                   | 4 2 N         | IAME           |                                    |                                                                                   |              |                     |                              |       |
| STREET ADDRESS                                                      |                                                                                  |                                                                   | 4.3 S1        | TREET          | ADDRESS                            |                                                                                   |              |                     |                              |       |
| CITY-ST-ZIP                                                         |                                                                                  |                                                                   | 44 CI         | ITY-ST-        | ZìP                                |                                                                                   |              |                     |                              | _     |
| TITLE                                                               |                                                                                  | ☐ DELETE                                                          | 5.1 77        |                | -                                  |                                                                                   |              | Chang               | e                            | {     |
| NAME                                                                |                                                                                  |                                                                   | 5.2 NA        |                |                                    |                                                                                   |              |                     |                              |       |
| STREET ADDRESS                                                      |                                                                                  |                                                                   | 5.3 ST        | TREET          | ADDRESS                            |                                                                                   |              |                     |                              |       |
| CITY-ST-ZIP                                                         |                                                                                  |                                                                   | <b>⊣</b> }    | TY-ST-         | ZIP                                |                                                                                   |              |                     |                              | 1     |
| TITLE                                                               |                                                                                  | ☐ DELETE                                                          | 6 1 Tr        | TLE            | 1                                  |                                                                                   |              | Change              | e                            |       |
| NAME                                                                |                                                                                  |                                                                   | 6.2 NA        | AME            |                                    |                                                                                   |              |                     |                              | 1     |
| STREET ADDRESS                                                      |                                                                                  |                                                                   | 63 ST         | FREET A        | ADDRESS                            |                                                                                   |              |                     |                              |       |
|                                                                     |                                                                                  |                                                                   | Hears         | TY-ST-         | 71P                                |                                                                                   |              |                     |                              | 1     |

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 2

Doreen J Gordon, Secretary/Treasurer 04/29/99