


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000056835					
1. Corporation Name MEADOWBROOK COUNTRY ACADEMY, INC.					

Principal Place of Business 100 BRADLEY PL. PALM BEACH FL 33480	Mailing Address 100 BRADLEY PL. PALM BEACH FL 33480
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2. Principal Place of Business		2a. Mailing Address	
21 4440 S.W. 21ST STREET	26 4750 OAKES RD.		
22 Suite, Apt. #, etc.	27 SUITE M		
23 City & State FT. LAUDERDALE, FL	28 City & State DAVIE, FL		
24 Zip 33317 Country USA	29 Zip 33314 Country USA		

9. Name and Address of Current Registered Agent	
KENNEY, TIMOTHY H. 100 BRADLEY PL. PALM BEACH FL 33480	

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 obligations of, section 607.0505, Florida Statutes.	
SIGNATURE <i>David Levy</i>	DATE 7/2/99

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LEVY, DAVID F
STREET ADDRESS	100 BRADLEY PL.
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	D
NAME	JAGLE, ANNALEO
STREET ADDRESS	100 BRADLEY PL.
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 on an attachment with an address.	
SIGNATURE: <i>David Levy</i>	DATE 7/2/99

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 06/27/1997	
4. FEI Number 65-0763880	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name DAVID F. LEVY	
82 Street Address (P.O. Box Number is Not Acceptable) 4750 OAKES RD.	
83 SUITE M	
84 City DAVIE, FL	85 Zip Code 33314

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4750 OAKES RD., STE. M
1.4 CITY-ST-ZIP	DAVIE, FL 33314
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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Date Daytime Phone #