

**CORPORATION  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 30 1998 8:00am**  
**Secretary of State**

1. Corporation Name  
**Montessori In Key Largo Inc**

DOCUMENT #  
**P97000094635**

Mailing Address  
**P.O. Box 399  
Key Largo FL  
33037**

Principal Place of Business  
**1300 Almay St.  
Key Largo FL  
33037**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Nov. 3 1997		—	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		43-1797630		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		6. Election Campaign	
				58.75 Additional Fee Required <input type="checkbox"/>		Financing Trust	
				7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>		Fund Contribution <input type="checkbox"/>	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAROL HULTON P.O. Box 399 / 1300 ALMAY ST. Key Largo FL 33037				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P Carol Hulton			1.1 TITLE			
1.2 NAME	Carol Hulton			1.2 NAME			
1.3 STREET ADDRESS	1300 Almay St.			1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP	Key Largo FL 33037			1.4 CITY-ST-ZIP			
2.1 TITLE	Y BETH Gower			2.1 TITLE			
2.2 NAME	BETH Gower			2.2 NAME			
2.3 STREET ADDRESS	9983 CASA ROSA DR.			2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP	St. Louis MO 63123			2.4 CITY-ST-ZIP			
3.1 TITLE				3.1 TITLE			
3.2 NAME				3.2 NAME			
3.3 STREET ADDRESS				3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP				3.4 CITY-ST-ZIP			
4.1 TITLE				4.1 TITLE			
4.2 NAME				4.2 NAME			
4.3 STREET ADDRESS				4.3 STREET ADDRESS	800002603908		
4.4 CITY-ST-ZIP				4.4 CITY-ST-ZIP	-07/31/98--01040--014		
5.1 TITLE				5.1 TITLE	***150.00		
5.2 NAME				5.2 NAME			
5.3 STREET ADDRESS				5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP			
6.1 TITLE				6.1 TITLE			
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Beth Gower, Vice President** 7/7/98 314-631-5941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2

Montessori In Key Largo, Inc  
P.O. Box 399  
Key Largo, FL 33037

July 7, 1998

Division of Corporations  
Florida Department of State  
409 E Gaines Street  
Tallahassee, FL 32399

RE: P97000094635

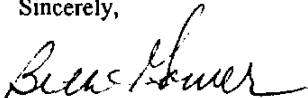
We did not receive an annual report from your office. I am certain it was sent to an incorrect address.

I called your office and was instructed to photocopy another corporation's annual report and change it to properly reflect Montessori In Key Largo, Inc. There is a cashiers check enclosed for \$150.00.

This is being sent overnight because we are on hold to receive funds from First State Bank and would appreciate your expediency in this matter. Should you have any questions, you can reach me at (314) 965-9000 ext 1669 or (314)631-5941.

Thank you in advance for your help. First State Bank will be calling daily to review our status.

Sincerely,



Beth Gower  
Vice President

# State of Florida



## Department of State

I certify from the records of this office that MONTESSORI-IN-KEY LARGO, INC. is a corporation organized under the laws of the State of Florida, filed on November 3, 1997.

The document number of this corporation is P97000094635.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1997, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Fourth day of November, 1997



CR2EO22 (2-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State