FILED **SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.** AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 16 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # V21667 (3) BRIDGES MONTESSORI, INC. Principal Place of Business Mailing Address 1200 CUT OFF ROAD 1200 CUT OFF ROAD STUART FL 34994 STUART FL 34994 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 03/16/1992 06/18/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 65-0323581 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LAGUERRE, DANIE V. Tracey 900 EAST OCEAN 82 SUITE 340 83 STUART FL 34994 CityStuart 64 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 lamitar with, and accept the appointment of the purpose of changing its registered agent. I am lamitar with, and accept the appointment as registered agent. (NOTE: Registered Agent signature required when reinstating) FICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE 11 THU **PVPS** ETELSON, TRACY F. STREET ADDRESS 1.3 STREET ADDRESS 659 BITTERN ST CITY-ST-ZIP PALM CITY FL 34990 1.4 CITY - ST-ZIP DILETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change 4. 2 NAME NAME

(4/97)

Acdition

Addition

Ad lition

Addition

Addition

Change

Change

14. I do hereby certify that the information supplied with this filling 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 this accover or trustee empowered to execute this report as required by Chapter 607, I lorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with

4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP

5.3 STREET ADDRESS 5.4 CITY - ST- ZIP

6.3 STREET ADDRESS

5.1 HH F

5.2 NAME

6.1 JULE 62 NAME

DELETE

DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME