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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1	1999	DIVISION OF C	ORPORATIONS		www.150.00	
DOCUN 1. Corporation	MENT # V39322	2		02-16-1999 90060 046	****150.00	
,	S HAVEN PRIVATE SCHO	OL. INC.				
AOHED	O TIMELA TIMENALE CONS	02) WW			. B.) 919 1 60
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Principal Place	of Business	Mailing Address				
		1945 SOUTHWEST 31ST AV	/ENUE	1.		
OCALA FL 34474 US		OCALA FL 34474 US		DO NOT WRITE IN THIS SPACE		
02		00		3. Date Incorporated or Qualifed		
				05/26/1992		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	<u> </u>	lied For
21		26		NOT APPLICABLE	\$8.75 Ad	Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Req	1
City & State		City & State		6: Election Campaign Financing	\$5.00 N	lay Be
23	•	28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye		٦.,
24	25		30	Personal Property Tax. 10. Name and Address of New Regis		No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Regis	tered Agent	
CLEN	MENTS, KAY	• •				
	SOUTHWEST 31ST AVENUE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	and was to be a state of the format.	477 (55 (51) 1 2 7 7 7
OCA	LA FL 34474		83	1000 對應於根據關係的權力	THE REPORT OF THE REPORT	
			84 City	1,32 3 15 HA 1847 315 162 173 	85 Zip Co	311 31211 1832 ode
	•		City		FL " T	
11. Pursuant 1	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpon's heard of directors. I hereby accept the	ose of changing its region	egistered istered
مغرفيه مام تكاملات الناليا	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was at	imonzed by the corporati	poration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing its r appointment as regi	egistered istered
office of real	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was all gations of, Section 607.0505, Flor	uthorized by the corporation in	on's board of directors. Thereby accept the	appointment do rog	egistered istered
office of real agent. Lar	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as	e of Florida. Such change was all gations of, Section 607.0505, Florigent and title if applicable. (NOTE:	imonzed by the corporati	on's board of directors. Thereby accept the	ATE	
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SIGNATURE 12. TITLE	egistered agent, or both, in the Stat in familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A	e of Honda. Such change was an gations of, Section 607.0505, Floi gent and title if applicable. (NOTE: AND DIRECTORS	throrized by the corporation of	ad when reinstaing)	ATE RS AND DIRECTOR	RS IN 12
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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, with all other like empowered.

6.4 CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 16, 1999 8:00am

Secretary of State