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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004633

1. Corporation Name
RUE EDUCATIONAL PUBLISHERS, INC. - NURSING DIVISION

Principal Place of Business: 14450 46TH ST N. SUITE 112 CLEARWATER FL 34622
Mailing Address: 14450 46TH ST N. SUITE 112 CLEARWATER FL 34622



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip: 33762
25. Country
29. Zip: 33762
30. Country

3. Date Incorporated or Qualified: 09/25/1995
4. FEI Number: 35-1799875
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes

9. Name and Address of Current Registered Agent
BERGSMAN, LARRY
14450 46TH ST N.
SUITE 112
CLEARWATER FL 34622

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
1.1 TITLE: P
1.2 NAME: HAAGSMA, D. PAUL
1.3 STREET ADDRESS: 14450 46TH ST N., SUITE 112
1.4 CITY-ST-ZIP: CLEARWATER FL 34622
2.1 TITLE: V
2.2 NAME: HAAGSMA, BARBARA
2.3 STREET ADDRESS: 14450 46TH ST N., SUITE 112
2.4 CITY-ST-ZIP: CLEARWATER FL 34622

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: Barbara Haagasma SIGNATURE REQUIRED
4-15-99 (727) 536-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

USA 101 USA