

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:07

DOCUMENT # P94000092995 (7)

1. Corporation Name

PARENT OF AMERICA II, INC.

Principal Place of Business

2600 118TH AVENUE NORTH
ST. PETERSBURG FL 33716

Mailing Address

2600 118TH AVENUE NORTH
ST. PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/27/1994** 3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 County

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 County

4. FEI Number

59-3284604

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MARQUARDT, EMIL C JR
400 CLEVELAND STREET
SUITE 800
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81 Name **Pointer, Ann E.**
82 Street Address (P.O. Box Number is Not Acceptable) **2600 118th Ave. North**
83
84 City **St. Petersburg** FL 85 Zip Code **33716**

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 *Ann E. Pointer*, Ann E. Pointer, 6/20/95
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **GALINSKI, MICHAEL**
STREET ADDRESS **2600 118TH AVENUE NORTH**
CITY - ST - ZIP **ST. PETERSBURG FL 33716**

TITLE **SD**
NAME **JEAN-LOUIS, MAXIME F**
STREET ADDRESS **2600 118TH AVENUE NORTH**
CITY - ST - ZIP **ST. PETERSBURG FL 33716**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D/CEO/P** Change Addition

21 TITLE **D/Sr. Exec. V/COO** Change Addition
22 NAME **Grammarus, Joseph**
23 STREET ADDRESS **2600 118th Ave. North**
24 CITY - ST - ZIP **St. Petersburg, FL 33716**

31 TITLE **DIV/CO** Change Addition
32 NAME **Rogers, Aris**
33 STREET ADDRESS **2600 118th Ave. North**
34 CITY - ST - ZIP **St. Petersburg, FL 33716**

41 TITLE **DIT** Change Addition
42 NAME **Hall, Greg**
43 STREET ADDRESS **2600 118th Avenue North**
44 CITY - ST - ZIP **St. Petersburg, FL 33716**

51 TITLE **S/General Counsel** Change Addition
52 NAME **Pointer, Ann E.**
53 STREET ADDRESS **2600 118th Ave. North**
54 CITY - ST - ZIP **St. Petersburg, FL 33716**

61 TITLE **DIV/Chief Strategic Officer** Change Addition
62 NAME **Ailsworth, T.W.**
63 STREET ADDRESS **2600 118th Ave. North**
64 CITY - ST - ZIP **St. Petersburg, FL 33716**

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 110.07(3)(a), 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, changed, or on an attachment with an address.

SIGNATURE: *Ann E. Pointer*, Ann E. Pointer, 6/20/95 813-573-0900
DATE

CR2E034 (3/95)

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000093087 (2)

1. Corporation Name

S & S EDUCATIONAL ENTERPRISES, INC.

Principal Place of Business

2031 SANTA ANTIILLES RD
ORLANDO FL 32808

Mailing Address

2031 SANTA ANTIILLES RD
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

29

30

4. FEI Number

59-3216357

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

WHITEHURST, JULIAN E
215 N EOLA DR
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
BERGIN, SHARON S
2031 SANTA ANTIILLES RD
ORLANDO FL 32808

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
BERGIN, SCOTT J
2031 SANTA ANTIILLES RD
ORLANDO FL 32808

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

Change Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Sharon S. Bargin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-95
DATE

407-896-7755
TELEPHONE NUMBER

CR2E034 (3/95)