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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000074522 (8)

SANRON EDUCATIONAL ENTERPRISES, INC.

FILED Apr 03 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		- 1 ABDARBOR AND IDANA ADDIN BURNA DURAN DEBAR DEBAR BARIO HIDAN DIRAK	
5140 SW 109TH AVE		•			
FT LAUDERDALE FL 33328		5140 SW 109TH AVE FT LAUDERDALE FL 33328			
				DO NOT WRITE IN THIS SPACE	
f 				3. Date Incorporated or Qualified 08/27/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0777900	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Žip	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	25		10		Yes 🗓 No
e, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
BOSTWICK, RONI			81 Name	TIGHT BUS WICK	
5140 SW 109TH AVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	1
FT	LAUDERDALE FL 33328		Sur	Sorrorma	
			83		
			84 City		85 Zip Code
				FL FL	1
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 reinstailing) DATE					
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	☐ DELET E	1,1 TITLE	ADDITIONAJO INITALES TO OTT TOLITO AIVE	Change Addition
NAME	BO STWICK, RONI		1.2 NAME		
STREET ADDRESS	5140 SW 109TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33328		1.4 CITY-ST-ZIP		1
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	BOSTWICK, BRIAN		22 NAME		
STREET ADDRESS	5140 SW 109TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33328		2 4 CITY-ST-ZIP		
TITLE	5	DELETE	3.1 TITLE	-	Change Addition
NAME	JACKSON, SANDRA	_	3.2 NAME		
STREET ADDRESS	2961 SW 87TH AVE #301		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33328		3.4. CITY - ST - ZIP		
TITLE		DILETE	4.1 TITLE		Change Addition
NAME		- ·	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		_	5.2 NAME		En compa
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		—	6.2 NAME		- Strongs - Maditidii
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	 		0.7 OILL-01-71		

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.