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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003197 (7)

1. Corporation Name

CHAMPION SCHOOLS, INC.



Principal Place of Business	Mailing Address
1052 MONTGOMERY ROAD SUITE 142 ALTAMONTE SPRINGS FL 32714	1052 MONTGOMERY ROAD SUITE 142 ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified
06/02/1997

4. FEI Number	Applied For
59-3463543	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 742 Sanlando Road	26 Suite, Apt. #, etc.
22 Altamonte Springs	27 City & State
23 FL.	28 Zip
24 32714	25 Seminole

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	<input type="checkbox"/>

7. Is this nonprofit corporation a homeowners association?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
FALCO, VICKI 621 N LONGVIEW PLACE LONGWOOD FL 32779	

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Vicki Falco (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
BP President	Vicki Falco		
STREET ADDRESS	621 N. Longview Pl.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Longwood, FL. 32779	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
V Vice-President	Ernie Falco		
STREET ADDRESS	621 N. Longview Pl.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Longwood, FL 32779	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
ST Secretary/Treasurer	Pam Winston		
STREET ADDRESS	653 S. Longview Pl.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Longwood, FL. 32779	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vicki Falco Vicki Falco 5-20-98 407-869-1723

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