Applied For

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable \$8.75 Additional

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

**PROFIT** CORPORATION ANNUAL REPORT

1999

BERGSMAN, LARRY



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000006118

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RUE EDUCATIONAL PUBLISHERS, INC. BUSINESS DIVISI

ON		
Principal Place of Business	Mailing Address	
14450 46TH ST., N. #112 CLEARWATER FL 34622	14450 46TH ST N. #112 CLEARWATER FL 34622	
a a see a su su suuri a		٠ <u>٢- سب</u> صدر ص
2. Principal Place of Business	2a. Mailing Address 26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

4. FEI Number 5. Certificate of Status Desired City & State 6. Election Campaign Financing

City & State 28 Country Country Zip Zio 30

25 29 9. Name and Address of Current Registered Agent

## **FILED** Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90001 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

П

3. Date Incorporated or Qualifed

Trust Fund Contribution

Personal Property Tax.

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

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

· 12/15/1995

-35-1799875

	0 46TH ST., N. #112		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
CLE	ARWATER FL 34622		83		•		
		•	84	City		85 Zip (	Code
office or r	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Suci m familiar with, and accept the obligations of, Sectio	h change was auth	orized by	the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	e of changing its opointment as re-	registered gistered
SIGNATURE		0.75			DATE		
12.	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS		13.	ni signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	P OF FIGURE AND DIRECTOR	DELETE	1.1 TITLE		ADDITIONO/ONLANGED TO OTTIOENO	☐ Change	Addition
NAME	HAAGSMA, D.P.		1.2 NAME				
	14450 46TH ST., N. #112			TADDRESS	•		
STREET ADDRESS	CLEARWATER FL 34622		1.4 CITY-S				
CITY-ST-ZIP TITLE	V	☐ DELETE	2.1 TITLE	1-214		Change	☐ Addition
NAME :	HAAGSMA, BARBARA		2.2 NAME			_ ,	_
•.	44450 40TH OT N. 8440		2.3 STREET	TADDDESS		•	
STREET ADDRESS	CLEARWATER FL 34622						
City-st-zip :	OLEANWATER FE 34022	☐ DELETE	2.4 CITY-\$ 3.1 TITLE	SI-ZIP		☐ Change	Addition
		C) DELETE	3.2 NAME	1			
NAME				TADORESS			
STREET ADDRESS							
CITY-ST-ZIP		□ DELETE	3.4. CITY-5	ST-ZIP		☐ Change	☐ Addition
TITLE		[] OELETE				Onlange	
NAME			4.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	,	DELETE	4.4 CITY-S	T-ZIP	<del></del>	☐ Change	☐ Addition
TITLE		☐ NETE 15	5.1 TITLE .5.2 NAME				
NAME		<del></del>	5.3 STREE	TADDOCCC		<del></del>	-:
STREET ADDRESS			Į.	1			
CITY-ST-ZIP		D DELETE	5.4 CITY-S 6.1 TITLE	1-211		Change	☐ Addition
TITLE		☐ DELETE				change	☐ WGGIIGON
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE		•		ı
CITY-ST-ZIP		-	64 CITY-S	T-ZIP			

14.71 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.