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**Jul 06, 1999 8:00 am**  
**Secretary of State**

07-06-1999 90010 011 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N96000001549**

1. Corporation Name

**ADAMS EDUCATIONAL CENTER, INC.**

Principal Place of Business  
 1800 W. WASHINGTON ST.  
 ORLANDO FL 32805

Mailing Address  
 1800 W. WASHINGTON ST.  
 ORLANDO FL 32805



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/15/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2088637
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29

9. Name and Address of Current Registered Agent

**ADAMS, RUTHA H**  
 1800 W. WASHINGTON ST.  
 ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name	<b>Cheryl Brown</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>327 Harborpoint BLVD</b>
83	
84 City	<b>Orlando, FL</b>
85 Zip Code	<b>32835</b>

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: *Cheryl Brown*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, RUTHA H	1.2 NAME	
STREET ADDRESS	906 FLORIBUNDA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, WILLIE F SR.	2.2 NAME	
STREET ADDRESS	906 FLORIBUNDA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, FRED	3.2 NAME	
STREET ADDRESS	906 FLORIBUNDA DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MARILYN	4.2 NAME	
STREET ADDRESS	349 HAMMOCK TRL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, BARBARA	5.2 NAME	
STREET ADDRESS	4436 RALEIGH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	5.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CHERYL	6.2 NAME	
STREET ADDRESS	327 HARBOR POINT BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	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, with all other like empowered.

SIGNATURE: *Cheryl Brown*

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99

Date

Daytime Phone #

CR2E037 (11/98)