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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 330980

(4)

SOUTHERN COLLEGE, INC.

FILED May 02 1997 8:00am Secretary of State

A 1848B MAR HIN BENE NEW INKE TOWN CON COME ENGLISHEN SOOK STOLL BUILD HAND

5800 LAKE UI	ce of Business	Mailing Address			r veninne strike saka sakat abiba ribini batit	B.M. 61841 819		******
ORLANDO FL	NDERHILL ROAD 32807-8647	233 ACADEMY DRIVE P O BOX 421788 KISSIMME FL 34742-1788 US			Date Incorporated or Qualified	3a Date	of Last G	lonort
	03				06/06/1968	3a. Date of Last Report 05/01/1996		
2. Principal	Piace of Business	2a. Mailing Address			4. FEI Number			oplied For
1		26			59-1212281		N	ol Applicabl
Suite, Apt	t. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & Sta	ile	City & State			6. Election Campaign Financing		\$5.00	May Be
3		28			Trust Fund Contribution			to Fees
Z ip	Country	Zip	Country	/	8. This corporation has liability for	intangible te	ax under s	. 199.032,
24	25	29	30			Yes 🗌		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered A	gent	
PE	OPLES, DAVID L.		81	Name				
233 ACADEMY DRIVE				Street Add	ress (P.O. Box Number is Not Acceptate	ole)		
KISSIMMEE FL 34744-5669				Direct Add	areas (i.e. box mainter is not recopial	,io;		
			83					
			84	City			les Zio	Code
			04	City		FL	 85 Zip	Coup
agent. r	am ramiliar with, and accept the ob-	idations of, Section 607,0505. Fig						
SIGNATURE	Signature ityped or printed name of registered a				ation's board of directors. I hereby accelured when reinstaling)	DATE	 	,
	Signature, typish or printed name of registered a	agent and title if applicable (NOTI				DATE		,·····
12.	Signature try to or priced name of registered a OFFICERS A	agent and title if applicable (NOT)	E: Ragistered Ag		wred when reinstalling)	DATE CERS AND		RS IN 12
12. Title	OFFICERS A	agent and title if applicable (NOTI	E: Registered Ag	ent signature requ	wred when reinstalling)	DATE CERS AND	DIRECTO	RS IN 12
12. TITLE NAME	OFFICERS A MOORE, DANIEL F 1110 BAYSHORE CIRCLE	agent and title if applicable (NOTI	13. 1.1 TITLE	ent signature requ	wred when reinstalling)	DATE CERS AND	DIRECTO	RS IN 12
12. TITLE NAME STREET ADDRESS	MOORE, DANIEL F 1110 BAYSHORE CIRCLE LONGWOOD, FL 00000	agent and title if applicable (NOTI NND DIRECTORS DELETE	13. 1.1 TITLE	ent signature requirement signature requirement for the signature	ured when reinstalling) ADDITIONS/CHANGES TO OFFIG	DATE CERS AND	DIRECTOI Change	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOORE, DANIEL F 1110 BAYSHORE CIRCLE LONGWOOD, FL 00000 CD	agent and title if applicable (NOTI	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ent signature requirement signature requirement for the signature	wred when reinstalling)	DATE CERS AND	DIRECTO	RS IN 12
	OFFICERS A MOORE, DANIEL F 1110 BAYSHORE CIRCLE LONGWOOD, FL 00000 CD PEOPLES, DAVID L	agent and title if applicable (NOTI NND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requirement signature requirement requirement of the signature requirement r	ured when reinstalling) ADDITIONS/CHANGES TO OFFIG	DATE CERS AND	DIRECTOI Change	RS IN 12
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14. I do 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 of changed, or on an attention in with an address.

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE

ās

PEOPLES, ANNE W.

KISSIMMEE FL

233 ACADEMY DRIVE

THE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

4/14/97 (407) 847-4444

Change

Change

Addition

Addition