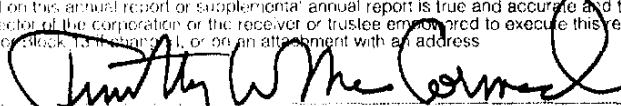


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 424505 1. Corporation Name BARBIZON SCHOOL OF MODELING OF TAMPA, INC.					
Principal Place of Business 4401 W. KENNEDY BLVD #290 TAMPA, FL 33609			Mailing Address SAME		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 4-30-73 3a. Date of Last Report 4-18-96 4. FEI Number 59-1465162 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent TIMOTHY W. McCORMICK 4401 W. KENNEDY BLVD. #290 TAMPA, FL 33609			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS 1.1 TITLE PST 1.2 NAME TIMOTHY W. McCORMICK 1.3 STREET ADDRESS 4401 W. KENNEDY BLVD. #290 1.4 CITY - ST - ZIP TAMPA, FL 33609 ☐ DELETE 2.1 TITLE ☐ DELETE 2.2 NAME ☐ DELETE 2.3 STREET ADDRESS ☐ DELETE 2.4 CITY - ST - ZIP ☐ DELETE 3.1 TITLE ☐ DELETE 3.2 NAME ☐ DELETE 3.3 STREET ADDRESS ☐ DELETE 3.4 CITY - ST - ZIP ☐ DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME ☐ Change ☐ Addition 4.3 STREET ADDRESS ☐ Change ☐ Addition 4.4 CITY - ST - ZIP ☐ Change ☐ Addition 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME ☐ Change ☐ Addition 5.3 STREET ADDRESS ☐ Change ☐ Addition 5.4 CITY - ST - ZIP ☐ Change ☐ Addition 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME ☐ Change ☐ Addition 6.3 STREET ADDRESS ☐ Change ☐ Addition 6.4 CITY - ST - ZIP ☐ Change ☐ Addition		
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 included 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 on Block 12 or Block 13 or Block 14, or on an attachment with an address.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4-15-97 Daytime Phone #: (813) 286-9999		

CR2E034 (9/96)