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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90018 038 ***150.00

DOC	JMENT	# 65	4466

1. Corporation Name

EDUCAT	TON UNLIMITED, INCO	RPORATED) (40)(0 0)(4) (1)((0)4)) 0		1,011 010 11 010 11 011), 0,5), 0,0);	
Principal Place	e of Business	Mailing Address						•	-		-
4405 CORONET		4405 CORONET RD.	can				,				
PLANT CITY FL	33566-8622	PLANT CITY FL 33566-8	022				DO NOT	WRITE IN	THIS SPACE		
						3. D	ate Incorporated or Qua	ifed			
							02/01/1980			<u></u> ,	
2. Principal Pl	lace of Business	2a. Mailing Address				1	El Number			Applied For	
21		26			<u>.</u>	5	<u>59-2003713</u>			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. C	Certificate of Status Desire	ed 🗆	*	Additional Required	
22	<u> </u>	27			<u> </u>	 					-
City & State	tė	City & State					Election Campaign Finant Frust Fund Contribution	ing 🗆		0 May Be d to Fees	
Zip	Country	28	Cou	ntry		+	his corporation owes the	current ves		0 10 7 000	-
24	25	29	30			1	Personal Property Tax.	Current yea	Yes	□No	-
24	9. Name and Address of C		1991				Name and Address of N	ew Registe	red Agent		
				81 N	ame						
	RSTREET, BONNIE			82 St	reet Addres	ss (P.C	D. Box Number is Not Ac	ceptable)			7
	5 CORONET RD.										_
PLAI	NT CITY FL 33566			83							
			,	84 Ci	ity				85 Zi	p Code	
					•				FL ["" -	9	4
11. Pursuant مر	to the provisions of Sections 60 registered agent, or both, in the	7.0502 and 607.1508, Florida State of Florida. Such change was	tutes, the a	bove-na	corporation	n's boa	rd of directors. I hereby a	ccept the a	ppointment as	registered	(
agent. I a	m familiar with, and accept the	obligations of, Section 607.0303, i	-lorida Stati	utes.	_	~·-				•	
agent. I a	im familiar with, and accept the	obligations of, Section 607.0003, 1	ionua Stati	utes.	-			DAT		·	
agent. I a	Signature, typed or printed name of register	obligations of, Section 607.0003, 1	ionua Stati	utes.	nature required v	when rein		DAT	Ē		
agent. i a	Signature, typed or printed name of register	red agent and title if applicable. (NC	TE: Registered	Agent sign	-	when rein	nstating)	DAT	Ē	TORS IN 12	n i
agent. I a SIGNATURE	Signature, typed or printed name of registe OFFICE	red agent and title if applicable. (NC	TE: Registered	Agent sign	-	when rein	nstating)	DAT	E S AND DIREC	TORS IN 12	n i
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registe OFFICEI PVST OVERSTREET, BONNIE 4405 CORONET ROAD	red agent and title if applicable. (NC	TE: Registered 13. 1.1 TII	Agent sign	nature required v	when rein	nstating)	DAT	E S AND DIREC	TORS IN 12	n
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registe OFFICEI PVST OVERSTREET, BONNIE	red agent and title if applicable. (NC RS AND DIRECTORS	13. 1.1 TII 1.3 ST	Agent sign	nature required v	when rein	nstating)	DAT	E S AND DIREC Chang	TORS IN 12 e Additio	
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registe OFFICEI PVST OVERSTREET, BONNIE 4405 CORONET ROAD PLANT CITY FL	red agent and title if applicable. (NC	13. 1.1 TII 1.3 ST	Agent sign TLE AME TREET ADD	nature required v	when rein	nstating)	DAT	E S AND DIREC	TORS IN 12 e Additio	
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registe OFFICEI PVST OVERSTREET, BONNIE 4405 CORONET ROAD PLANT CITY FL	red agent and title if applicable. (NC RS AND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA	Agent sign TLE AME TREET ADD TY-ST-ZIP TLE	pature required v	when rein	nstating)	DAT	E S AND DIREC Chang	TORS IN 12 e Additio	
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registe OFFICEI PVST OVERSTREET, BONNIE 4405 CORONET ROAD PLANT CITY FL	red agent and title if applicable. (NCRS AND DIRECTORS DELETE	21 N/2 23 ST 2.4 C 3.1 TT 3.2 N/2 3.3 ST 3.4 C 3	Agent sign TLE MME TREET ADD TY-ST-ZIP TLE AME TREET ADD ITY-ST-ZIF TLE AME TREET ADD ITY-ST-ZIF TLE	ORESS DRESS	when rein	nstating)	DAT	E S AND DIREC Chang	TORS IN 12 Pe Addition Pe Addition	on in
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registe OFFICEI PVST OVERSTREET, BONNIE 4405 CORONET ROAD PLANT CITY FL	red agent and title if applicable. (NCRS AND DIRECTORS DELETE DELETE	23 ST 1.4 CF 2.1 TF 3.2 N/ 3.3 ST 3.4 CF 4.1 TF 3.4 CF 4.1 TF 3.5 N/ 3.3 ST 3.4 CF 4.1 TF 3.5 TF 3.5 TF 3.5 N/ 3.3 ST 3.4 CF 4.1 TF	Agent sign TLE AME TREET ADO TY-ST-ZIP TLE AME TREET ADO ITY-ST-ZIF TLE AME TREET ADD ITY-ST-ZIF TLE TREET ADD	ORESS DRESS	when rein	nstating)	DAT	E S AND DIREC Chang	TORS IN 12 Pe Addition Pe Addition	on in
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AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registe OFFICEI PVST OVERSTREET, BONNIE 4405 CORONET ROAD PLANT CITY FL	red agent and title if applicable. (NCRS AND DIRECTORS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 4.3 ST 4.4 CI 4.1 TI 4.2 NA 4.3 ST	Agent sign TILE AME TREET ADD TY-ST-ZIP TILE AME TREET ADD ITY-ST-ZIF TILE AME TREET ADD TY-ST-ZIF TILE AME TREET ADD TY-ST-ZIF TILE TILE TILE TILE TILE TILE TILE TILE	PRESS PRESS PRESS	when rein	nstating)	DAT	E S AND DIREC Chang	TORS IN 12 Pe Addition Pe Addition Pe Addition	חחח
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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 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.

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

Date