
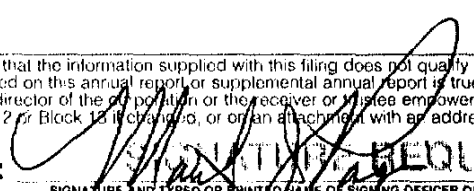


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 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 # 857872 (6) 1. Corporation Name BLT SCHOOLS, INC.					
Principal Place of Business 3929 COCONUT PALM DRIVE TAMPA FL 33619 US			Mailing Address 1 HANCOCK PL STE 1408 GULFPORT MS 39507 US		
2. Principal Place of Business 21 One Hancock Plaza Suite, Apt. #, etc. 22 Suite 1408 City & State 23 Gulfport, MS. Zip 24 39501		2a. Mailing Address 26 One Hancock Plaza Suite, Apt. #, etc. 27 Suite 1408 City & State 28 Gulfport, MS. Zip 29 39501		3. Date Incorporated or Qualified 09/23/1983 3a. Date of Last Report 04/15/1996 4. FEI Number 59-2320421 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			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 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> DELETE			
NAME	PHILLIPS, GERALD C				
STREET ADDRESS	ONE HANCOCK PLAZA, #1408				
CITY-ST-ZIP	GULFPORT MS 39501				
TITLE	VST	<input checked="" type="checkbox"/> DELETE			
NAME	PHILLIPS, ALTON C				
STREET ADDRESS	ONE HANCOCK PLAZA, #1408				
CITY-ST-ZIP	GULFPORT MS 39501				
TITLE	AS	<input checked="" type="checkbox"/> DELETE			
NAME	KIMBERLING, RONALD				
STREET ADDRESS	ONE HANCOCK PLAZA, #1408				
CITY-ST-ZIP	GULFPORT MS 39501				
TITLE	AT	<input checked="" type="checkbox"/> DELETE			
NAME	LYNCHLING, MARSHALL D				
STREET ADDRESS	ONE HANCOCK PLAZA, #1408				
CITY-ST-ZIP	GULFPORT MS 39501				
TITLE	AT	<input type="checkbox"/> DELETE			
NAME	PAQUIN, MARILYN J				
STREET ADDRESS	ONE HANCOCK PLAZA, #1408				
CITY-ST-ZIP	GULFPORT MS 39501				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
1.2 NAME	Joseph A. Bondi				
1.3 STREET ADDRESS	One Hancock Plaza, Suite 1408				
1.4 CITY-ST-ZIP	Gulfport, MS. 39501				
2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
2.2 NAME	Gerald C. Phillips				
2.3 STREET ADDRESS	One Hancock Plaza, Suite 1408				
2.4 CITY-ST-ZIP	Gulfport, MS. 39501				
3.1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
3.2 NAME	Gerald C. Phillips				
3.3 STREET ADDRESS	One Hancock Plaza, Suite 1408				
3.4 CITY-ST-ZIP	Gulfport, MS. 39501				
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
5.2 NAME	Gerald C. Phillips				
5.3 STREET ADDRESS	One Hancock Plaza, Suite 1408				
5.4 CITY-ST-ZIP	Gulfport, MS. 39501				
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11.0105, 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.					
SIGNATURE:  SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/2/97 6017864-6096 Date Daytime Phone #					

CR2E034 (9/96)