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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F73728

(0)

SEFFNER HILLS ACADEMY, INC.

Principal Place of Business Mailing Address							I LEGALION LÄTE LANDE. ISAN 1905 LINDA 1811. ANDES OKON DIDIT BINN DADIK BINN 1801			
5417 KENNEDY HILLS DR SEFFNER FL 33584-3467 US			5417 KENNEDY HILLS DR SEFFNER FL 33584-3467 US							
							3. Date Incorporated or Qualified 03/25/1982		ite of Last I 01/1996	
2. Principal Pi	ace of Business	2a. 1	Mailing Address				4. FEI Number		A	Applied For
21		26			******		59-2181277			Not Applicable
Suite, Apt	•••••••••••••••••••••••••••••••••••••••	27	Suite, Apt. #, etc.			······································	5. Certificate of Status Desired			Additional Required
City & State	9	ı	City & State				6. Election Campaign Financing	_		May Be
23		28	·······				Trust Fund Contribution	<u> </u>		to Fees
Zip				Cou	5. This dorporation has industry for intangible tax under a. 199.00			s. 199.032,		
24	25 29 30 30 9. Name and Address of Current Registered Agent			30	Florida Statutes Yes No 10. Name and Address of New Registered Agent					
		ii negiste	reu Agent		81	Name	10. Name and Address of New Ne	Alateled (. Deur	
	TELLANO, ROBERT FRANCIS				·	Harrie				
5417 KENNEDY HILLS DRIVE SEFFNER FL 33584						Street Addr	dress (P.O. Box Number is Not Acceptable)			
					83					
•					84	City		FL	85 Zip	Code
Pursuant to office or reagent. Lar	o the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	2 and 607 of Florida ations of,	7.1508, Florida Statu I. Such change was Section 607.0505, Fl	tes, the al authorize orida Stat	oove d by autes	e-named corp y the corporati s.	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of it the app	changing pintment a	its registered s registered
SIGNATURE	Signature, typical or printed name of registered age	et ano tro it	arrol cable (NO)	IE Registere	1 4 2 6	ant signature require	ed when reinstating)	DATE		<u></u>
12.	OFFICERS AN			13.		ant signatura redom	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
HILE	STD		DELETE 1,1		ITLE				Change	
NAME	CASTELLANO, SANDRA L			1.2 NA	ME					
STREET ADDRESS	5417 KENNEDY HILLS DR					ADDRESS				
City-St-ZiP	SEFFNER, FL 00000					ST-ZIP				
TITLE	PD		DELETE	2.1 TITL		11-21			Change	Addition
NAME	CASTELLANO, ROBERT				2.2 NAME				•	
STREET ADDRESS	5417 KENNEDY HILLS DR.		i '		3 STREET ADDRESS					
CITY-ST-ZIP	SEFFNER, FL 00000					ST- ZIP				
TITLE			DELETE	3 1 TI	_	41 411			Change	Addition
NAME			• ••	3.2 N/						
STREET ADDRESS						ADDRESS				
City-St-ZiP						ST-ZIP				
TITLE			DELETE	4.1 71					Change	Addition
NAME				4. 2 N					•	
STREET ADDRESS						ADDRESS				
D(TY - ST - Z)P						ST-ZIP				
TITLE			DELETE	5 1 TI		211			Change	Addition
NAME				5.2 N/					_ 3.	_
STREET ADDRESS				1		ADDRESS				
CITY-ST-ZIP TITLE			DELETE	6.1 TI		ST - ZIP			Change	Addition
			_ occur							
NAME STORET ADDOLG 3				6.2 N/		T ADDRESS				
STREET ADDRESS				6.3 \$1	ntt l	ADDRESS				

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 aimual report or suppremental 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 changelt or so an attachment with an address.