

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05, 1999 8:00am
Secretary of State

02-05-1999 90012 033 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005894

1. Corporation Name

CONTINUING EDUCATION OF SC, INC.

Principal Place of Business
917 SYMPHONY ISLES BLVD
APOLLO BCH FL 33572
US

Mailing Address
917 SYMPHONY ISLES BLVD
APOLLO BCH FL 33572
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/04/1995

4. FEI Number

57-0988170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MAJOR, NAN E.P.
917 SYMPHONY ISLES BLVD
APOLLO BCH FL 33570

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP
NAME MAJOR, NAN
STREET ADDRESS 917 SYMPHONY ISLES BLVD
CITY-ST-ZIP APOLLO BCH FL 33570

TITLE D
NAME YALICKI, STANLEY
STREET ADDRESS 208 ROSE CREEK LN
CITY-ST-ZIP COLUMBIA SC 29223

TITLE V
NAME SEYMOUR, SCOTT
STREET ADDRESS 6418 US HWY
CITY-ST-ZIP APOLLO BCH FL 33570

TITLE S
NAME WYCOFF, USA
STREET ADDRESS 202 LOOKOUT DR
CITY-ST-ZIP APOLLO BCH FL 33570

TITLE T
NAME MEEHAN, SUSAN
STREET ADDRESS 1760 MCSWAIN DRIVE
CITY-ST-ZIP WEST COLUMBIA SC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 617, 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:

SIGNATURE REQUIRED

1/11/99

813.641-0709

Date

Daytime Phone #

CR2E037 (11/98)