

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000004314

1. Corporation Name

EFFECTIVE LEARNING SYSTEMS, INC.

Principal Place of Business

3461 BONITA BAY BLVD
STE 212
BONITA SPRINGS FL 34134
US

Mailing Address

3461 BONITA BAY BLVD., STE. 208
212
BONITA SPRINGS FL 34134
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

GRISWOLD, DEIRDRE M
3333 WILDWOOD LAKE CIRCLE
BONITA SPRINGS FL 34134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1997

4. FEI Number

41-1307843

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3760 LAKE MOUNT DRIVE

83

84 City

BONITA SPRINGS

FL

85 Zip Code

34134

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

Deirdre M. Griswold

DEIRDRE M. GRISWOLD

4-12-99

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

P

☐ DELETE

NAME

GRISWOLD, ROBERT E

STREET ADDRESS

3333 WILDWOOD LAKE CIRCLE

CITY-ST-ZIP

BONITA SPRINGS FL 34134

TITLE

VS

☐ DELETE

NAME

GRISWOLD, DEIRDRE M

STREET ADDRESS

3333 WILDWOOD LAKE CIRCLE

CITY-ST-ZIP

BONITA SPRINGS FL 34134

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

3760 LAKE MOUNT DRIVE

1.4 CITY-ST-ZIP

BONITA SPRINGS, FL 34134

2.1 TITLE

VS

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

3760 LAKE MOUNT DRIVE

2.4 CITY-ST-ZIP

BONITA SPRINGS, FL 34134

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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 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:

Deirdre M. Griswold DEIRDRE M. GRISWOLD

4-12-99

941-948-1660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0461219