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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90146 003 \*\*\*158.75

## DOCUMENT # G85205

ELODIDA TECUNICAL COLLEGE INC

I LOTIID!	A TECHNICAL COLLEGE, II	10.							
Principal Plac	ce of Business	Mailing Address				-			
% NEIL R. EUL		% NEIL R. EULIANO							
1819 N SEMORAN BLVD			1819 N SEMORAN BLVD						
ORLANDO FL 32807-3546		ORLANDO FL 32807-3544	ORLANDO FL 32807-3546		DO NOT WR		SPACE		
						3. Date Incorporated or Qualifed	i		
9 0-111-0	N					02/17/1984			
· ·	Place of Business	2a. Mailing Address				4. FEI Number		<del></del>	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.				59-2377841		<del></del>	Not Applicable
22	. <i>T</i> , Cic.	27				5. Certifcate of Status Desired	×	T	Additional Required
City & Stat	te	City & State				6. Election Campaign Financing			O-May Be
23		28				Trust Fund Contribution			ormay se d to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the cur	rent vear int		
24	25	29	30			Personal Property Tax.	,	Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New	Registered	Agent	
F1.14	IANO NEI B			81	Name				
	IANO, NEIL R.		-	82	Street Addres	ss (P.O. Box Number is Not Accept	abie)		
1819 NORTH SEMORAN BLVD.			Ĺ				,		
UKL	ANDO FL 32807		i	83					
			ŀ	84	City			85 Zi	p Code
				i	-		FL	.     '	-
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	)2 and 607.1508, Florida State of Florida, Such change was	utes, the ab	ove-i	named corpor	ration submits this statement for the	purpose of	changing	its registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statu	tes.	ie corporation	a board or directors. Thereby acce	pt tile appoil	iunem as	registered
SIGNATURE									
	Signature, typed or printed name of registered age			Agent s	signature required w	<b>5</b> /	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		signature required w	when reinstating) ADDITIONS/CHANGES TO OF			
12. TITLE	OFFICERS AN		. <b>13.</b> 1.1 ΤΙΤΙ	.E	signature required w	<b>5</b> /		D DIRECT	
12. TITLE NAME	P DOWLING, KENNETH B	ND DIRECTORS	13. 1.1 TITL 1.2 NAM	.E ME		<b>5</b> /			
12. TITLE NAME STREET ADDRESS	P DOWLING, KENNETH B 1819 N. SEMORAN BLVD.	ND DIRECTORS	1.1 TITL 1.2 NAA 1.3 STF	LE ME REET AL	DDRESS	<b>5</b> /			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOWLING, KENNETH B 1819 N. SEMORAN BLVD. ORLANDO FL	ND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT	LE ME REET AL Y-ST-Z	DDRESS	<b>5</b> /		∏ Chang	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P DOWLING, KENNETH B 1819 N. SEMORAN BLVD. ORLANDO FL V	ND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STE 1.4 CIT 2.1 TITL	LE ME REET AI Y-ST-Z LE	DDRESS	<b>5</b> /			e Addition
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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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 417-681-9205