FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90065 003 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # J13036

1. Corporation Name

INNOVATIVE EDUCATORS, INC.

	With Ebook one, Inc.			i (Pr imo ria) (idea min) perad ima em mai	l filiji didii didii sidii sidii
Principal D	No. of Deci				
1	Place of Business	Mailing Address		ı radının drat sıdığı trint dülüğ ilitin diti diği	c acons anası asası acint bibit (60)
% BEATRIC		% BEATRICE HUNTER		12 P	
SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573			E70		•
1		OOM ON TOURIER PE 33	3/ 3	DO NOT WRITE IN THI	S SPACE
L				3. Date Incorporated or Qualifed	
2. Principa	l Place of Business	2a. Mailing Address		05/01/1986 4. FEI Number	·
21		26		11-2534315	Applied For
	pt. #, etc.	Suite, Apt. #, etc.		11 20040 10	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & S	tate	City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25	29	30	Personal Property Tax.	Yes E No
<u> </u>	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent
HU.	JNTER, RICHARD P.		81 Name		
1510 INGRAM DRIVE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
SUN CITY CENTER FL 33570				oss (F.S. Box Number is Not Acceptable)	
	our server re soon		83		27. 42. 54. 35 TO 156
1			84 City		的基础规则 器。
44 0				FI	85 Zip Code
office or	of the provisions of Sections 607,050 registered agent, or both, in the State	02 and 607.1508, Florida Statute	s, the above-named corpo	pration submits this statement for the purpose of	changing its registered
agent, I	am familiar with and accept the obliga	stions of Section 607.0505, Flor	ithorized by the corporation ida Statutes.	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	ntment as registered
SIGNATURE	Alexander F	Total State of the		7 74	775 6 -0
12.	Signature, typed or printed name of registered age		Registered Agent signature required	when reinstating) DATE	77-7-
TITLE	VD OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
NAME	HUNTER, BEATRICE	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			1.2 NAME	•	-
CITY-ST-ZIP	SUN CITY CENTER FL		1.3 STREET ADDRESS		ļ
TITLE	PSTD		1.4 CITY-ST-ZIP		ì
NAME		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	HUNTER, RICHARD P.		2.2 NAME		
	12 12 HI CHARLE DILLAR		2.3 STREET ADDRESS	•	
C!TY-ST-ZIP TITLE	SUN CITY CENTER FL		2.4 CITY-ST-ZIP	i,	
NAME.	1 2	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			3.3 STREET ADDRESS		
	,		3.4. CITY-ST-ZIP		
		☐ DELETE			Change Addition
NAME		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		

6.4 CITY-ST-ZIP 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

813 634-6334

Change

☐ Addition