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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

BARBARA KING'S CENTRE FOR EDUCATIONAL SERVICES, INC.					
Principal Place of Business	Mailing Address M. GENE KING 15623 GARDENSIDE LANE TAMPA FL 33624				
5005 LAUREL ST. 100 TAMPA FL 33624 US					
2. Principal Place of Business	2a. Mailing Address				
Suite, Apt. W. etc.	Suite, Apt. #, etc				
22	27				
City & State	City & State				

FILED Apr 27 1998 8:00am Secretary of State

1. Corporation	INITIAL # J17198 RA KING'S CENTRE FOR E	• •	ES,			ITI 81217 81211 81811 81817 1481
Principal Place of Business Mailing Address				I FRONKIN BYDY YNDYN YNDWY NYRYD YRYDY (BYD BYRH) DY	OLE BIDA BIDIT GIOTI DIBLE FOOL	
5005 LAUREL ST. 100 TAMPA FL 33824		% GENE KING 15623 GARDENSIDE LANE TAMPA FL 33624		DO NOT WRITE IN THIS SPACE		
US	WE7	THIRT I E GOOZA			3. Date Incorporated or Qualified	
5 Principal F	Plane of Business	Go Mailing Address			06/03/1986 4. FEI Number	I Analisates
2. Principal r	2. Principal Place of Business 2a. Mailing Address 26				59-2675345	Applied For Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc			• ,	5. Certificate of Status Desired	\$8.75 Additional
22	27		· • · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	Fee Required
City & Stat	City & State City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Zip Country		8. This corporation owes or has paid the current year Intangible	
24			30	Personal Property Tax due June 30. Yes No		
	9, Name and Address of Currer	it Hegistered Agent	81	Name	10. Name and Address of New Registere	o Agent
	IG, GENE					
	15623 GARDENSIDE LANE TAMPA FL 33624		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
174	MFA FE 03024		83	1		
i			84	City		85 Zip Code
				"	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	L
SIGNATURE	Signature typed or printed name of rugistimed air		Registered Ap	eni signature requ	pired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	DELETE				☐ Change ☐ Addition
NAME	iarro, orazorari		1.2 NAME			
STREET ADDRESS			1.3 STREET	ADORESS		
CITY-ST-ZIP	TAMPA FL	DELETE	1.4 CiTY-5 2.1 TiTLE	ST - ZIP		Change Addition
TITLE NAME	D King, Alan	Otteric	2.1 TILE 2.2 NAME			C orange C Modellari
STREET ADDRESS	18808 PLACE DE ANTIBES			ADDRESS		
CITY-ST-ZIP	LUTZ FL		2. 4 CITY-			
TITLE	D	☐ DELETE	3.1 TITLE			Change Addition
NAME	KING, GENE		3.2 NAME			
STREET ADDRESS	15623 GARDENSIDE LANE TAMPA FL		1	ADDRESS		
CITY-ST-ZIP TITLE	D IAMPA FL	DELETE	3.4. CITY- 4.1 TITLE	31-217		Change Addition
NAME	RIVAS, VICKI	to the second se	4. 2 NAME	İ		
STREET ADDRESS	14184 FENNSBURY DR.		4.3 STREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-5	ST-ZIP		
TITLE	D PRIOR	DELETE	5.1 TITLE			Change Addition
NAME CYPETY ADODESC	KING, BRUCE		5.2 NAME	r apopres		
STREET ADDRESS CITY-ST-ZIP	849 INDIAN LAKE DRIVE ATLANTA GA		5.4 CHY-5	FADORESS ST-7IP		
TITLE	OIGHTIN WA	DELETE	6.1 T(TLE	,, EH		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET	ADDRESS		'
CITY ST. 7IP			64 CITY-9	21.710		

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 ennual 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 chapted, or on an attachment with an address.