FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 21 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K62153 (7)

1. Corporation Name
FLORIDA TECHNOLOGY SYSTEMS, INC.

Principal Place of Business
THE EARL BLDG.
HWY 48W. SUITE 1 ✓
BUSHNELL FL 33513

Mailing Address
P.O. BOX 1605 ✓
BUSHNELL FL 33513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1989
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2954428 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WHITE, DANIEL D.
2314 SE 52ND RD.
BUSHNELL FL 33513

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) Mailing Address ok. P.O. Box 100 (Home)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when mailing) (DATE)
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WHITE, DANIEL D.	12 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL 33513	14 CITY ST ZIP	33513
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	WHITE, JOYCE S.	22 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL 33513	24 CITY ST ZIP	33513
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

3/23

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Daniel D. White DANIEL D. WHITE ✓ 3-14-95 904-793-6882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0440400 FP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K69982** **(2)**

1. Corporation Name

BENTATA, HOET & ASSOCIATES, INCORPORATED

800001436828

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
AVE. FCO DE MIRANDA TORRE EUROPA-PH CARACAS VENEZUELA	200 S. BISCAYNE BLVD. SUITE 4810 MIAMI FL 33131

3. Date Incorporated or Qualified: **02/28/1989**

3a. Date of Last Report: **06/27/1994**

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: **65-0199997** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 30301

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 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 _____ Gail Shelby for Corporation Information Services, Inc.
Signature of person named as registered agent and the date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE	D	11 TITLE ☐ Change ☐ Addition
NAME	BENTATA, GABRIEL	12 NAME
STREET ADDRESS	AVE FCO. DE MIRANDA, TORRE EUROPA, PH	13 STREET ADDRESS
CITY ST ZIP	CARACAS, VENEZUELA	14 CITY ST ZIP
TITLE	D	21 TITLE ☐ Change ☐ Addition
NAME	CASTILLO, FRANCISCO	22 NAME
STREET ADDRESS	AVE FCO. DE MIRANDA, TORRE EUROPA, PH	23 STREET ADDRESS
CITY ST ZIP	CARACAS, VENEZUELA	24 CITY ST ZIP
TITLE	D	31 TITLE ☐ Change ☐ Addition
NAME	CORIAT, ALAIN	32 NAME
STREET ADDRESS	AVE FCO. DE MIRANDA, TORRE EUROPA, PH	33 STREET ADDRESS
CITY ST ZIP	CARACAS, VENEZUELA	34 CITY ST ZIP
TITLE	D	41 TITLE ☐ Change ☐ Addition
NAME	HOET, FRANKLIN	42 NAME
STREET ADDRESS	AVE FCO DE MIRANDA, TORRE EUROPA, PH	43 STREET ADDRESS
CITY ST ZIP	CARACAS, VENEZUELA	44 CITY ST ZIP
TITLE	D	51 TITLE ☐ Change ☐ Addition
NAME	PELAEZ, FERNANDO	52 NAME
STREET ADDRESS	AVE FCO DE MIRANDA, TORRE EUROPA, PH	53 STREET ADDRESS
CITY ST ZIP	CARACAS, VENEZUELA	54 CITY ST ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: _____ FERNANDO PELAEZ February 20, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR Date

LW 3.22.95

0128720 CP

1201 Hays Street
Tallahassee, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

csc networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

RECEIVED
95 MAR 22 AM 11:24
DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 549493 128151A

AUTHORIZATION : Patricia Pruitt

COST LIMIT : $ 200.00

ORDER DATE : February 27, 1995

ORDER TIME : 10:40 AM

ORDER NO. : 549493

CUSTOMER NO: 128151A

CUSTOMER: Mr. Ariel Bentata
Bentata Hoet & Associates,
Suite 4810
200 South Biscayne Boulevard
Miami, FL 33131-2396

ANNUAL REPORT FILING

NAME: BENTATA, HOET & ASSOCIATES, INCORPORATED

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
X_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS: _____

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K75026 (0)

1. Corporation Name
PHILLIPS EDUCATIONAL GROUP OF CENTRAL FLORIDA, I NC.

Principal Place of Business	Mailing Address
3319 W. HILLSBOROUGH AVE. #1000 TAMPA FL 33614 US	1 HANCOCK PL #1000 #1000 GULFPORT MS 39507-4508 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 03/23/1989
3a. Date of Last Report: 06/14/1994
4. FEI Number: 57-0886832 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~C~~	1 1 TITLE	Assistant Secretary ☐ Change ☐ Addition
NAME	~~MURRAY, ALAN L.~~	1 2 NAME	C. Ronald Kimberling
STREET ADDRESS	ONE HANCOCK PLAZA	1 3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT MS	1 4 CITY-ST-ZIP	
TITLE	PD	2 1 TITLE	☐ Change ☐ Addition
NAME	KIMBERLING, C. RONALD	2 2 NAME	
STREET ADDRESS	1 HANCOCK PLAZA	2 3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT MS	2 4 CITY-ST-ZIP	
TITLE	A T	3 1 TITLE	☐ Change ☐ Addition
NAME	PAQUIN, MARILYN J.	3 2 NAME	700001436217
STREET ADDRESS	ONE HANCOCK PLZ	3 3 STREET ADDRESS	-03/22/95--01044--005
CITY-ST-ZIP	GULFPORT MS	3 4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	VDST	4 1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, GERALD C.	4 2 NAME	
STREET ADDRESS	ONE HANCOCK PLZ	4 3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT MS	4 4 CITY-ST-ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	~~PHILLIPS, ARY~~	5 2 NAME	C. Alton Phillips
STREET ADDRESS	ONE HANCOCK PLZ	5 3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT MS	5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	3/20/95 MS
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(i)(k), 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.

SIGNATURE: C. Ronald Kimberling — 3/13/95 — 6018644616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Phone Number

0490306 EN