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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L50726

PEOPLE'S LAW SCHOOL, INC.

SIGNATURE:

(3)

FILED May 09 1997 8:00am Secretary of State

| Principal Place of Business \$ JOSEPH F, PIPPEN JR 10225 ULMERTON RD BLOG 11 LARGO FL 34641 2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State | * JOSEPH F. PIPPEN JR 10225 ULMERTON RD BLDG 11 LARGO FL 33771-3526 2a. Mailing Address 2a. Suite, Apt. #, etc. 27 City & State | | | 3. Date Incorporated or Qualified 03/26/1996 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired Sa.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------|------------------------|--|
| 23] Zip | Country Zip Coi | | | Trust Fund Contribution L. Added to Fees ountry 8. This corporation has liability for intangible tax under s. 199.032, | | | | | | |
| 24 | 25 | 29 | 30 | • | | | Florida Statutes Yes No | | | |
| | 9. Name and Address of Curre | ent Registered Agent | . 7 | | | 10. Name and Address of New Registered Agent | | | | |
| | en, Joseph F. Jr | | | 81 | Name | | | | | |
| 10225 ULMERTON ROAD, BLDG. 11 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| BLDG | | | | | | | | | | |
| LARG | 30 FL 34641 | | | 83 | | | | | | |
| | | | | 84 | City | , , , , , , , , , , , , , , , , , , , | <u> </u> | 85 Z-175 | ∂gde, , / | |
| 44 Durauput | to the exemisions of Sections 607 DE | 02 and 607 1609 Elorida Statu | doc the e | hove | namad | corporation submits this statement for the p | FL | f chancing it | 2// | |
| office or r | egistered agent, or both, in the Stat | le of Florida Such change was | authorize | ed by | the corp | oration's board of directors. I hereby accep | it the app | ointment as | registered | |
| agent La | m familiar with, and accept the obli | gations of, Section 607.0505, F | lorida Sta | itutes | ٠. | | | | | |
| SIGNATURE | Standard Typed or proted name of registered a | nent and title if applicable (NO | TF Registere | nd Ane | ot signature | required when reinstating) | DATE | | | |
| 12. | | ND DIRECTORS | 13. | 70,00 | A TIP PAILURE | ADDITIONS/CHANGES TO OFFIC | | DIRECTOR | IS IN 12 | |
| titie | D | ☐ DELETE | 117 | ITLE | T | | | Change | Addition | |
| NAME | PIPPEN, JOSEPH F. JR | | 1.2 N | IAME | 1 | 10225 ULMERTO | ، لر | #11 | | |
| STREET ADDRESS | 655 ULMERTON RD #11 | | 1.3 S | 1.3 STREET A | | 10003010 | ~ | • | | |
| CITY - ST - ZIP | LARGO FL | | 1.4 0 | 1.4 CITY+ST-ZIP | | | 33 | フフ」 | | |
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| NAME | | | 2.2 N | IAME | | | | | | |
| STREET ADDRESS | | | 2.3 \$ | TREET | ADDRESS | | | | | |
| CITY - ST - ZIP | | | | CITY-5 | T-ZIP | | | | | |
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| NAM: | | | 3.2 N | iame | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | • | | | | |
| CITY - S1 - ZIP | | District | | CITY - S | 1-ZIP | | | Change | Addition | |
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| NAME | | | | NAME | | | | | , | |
| STREET ADDRESS | | | | | ADORESS | | | | | |
| CITY-SI-ZIP | | DELETE | 5.11 | ITY-S | I - ZIP | | | Change | Addition | |
| THEF | | | | IAME | | | | - w., Ba | | |
| NAME CIDOCI ANDRESS | | | | | ADORESS | | | | | |
| STREET ADDRESS COLY+ST-ZIP | | | 4 | HTY-S | | | | | | |
| THUE | | DELETE | 6.1 7 | | 1 - <u>4</u> 11 | | | Change | Addition | |
| NAME | | | | IAME | | | | - | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| C-TY-ST-7IP | | | 1 | OTY-S | | | | | | |
| 14 Loo boro | by certify that the information supple | ied with this filing does not qua | lity for the | DYP. | motion si | tated in Section 119,07(3)(i), Florida Statute | s. I furthe | r certify that | the | |
| informatic Lam an d appears | on indicated on this annual report of officer or director of the corporation in Block 12 or Block 13 if changed, | eusplemental annual report is or the receiver or trustee empo or on an attachment with an ac | true and wered to ddress. | accu exec | rate and ute this r | that my signature shall have the same lega eport as required by Chapter 607, Florida S | i effect as tatutes; a | 3 if made uni ind that my r | der oath; that name | |

Date