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PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # L99569

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90259 027 ***150.00

| MAYHUE | 'S LEARNING CENTER, INC | • | | | | | | |
|---|--|-----------------------------------|--|--|--|----------------|------------------------------|---------------|
| Principal Place | e of Business | Mailing Address | | | I (ABIIA)) D/2 (ARVA 1918) B) IIA AII/A (AII/A | | 6:0:1 alāli 10a) | |
| 2035 W WASHII | NGTON ST | 2035 W WASHINGTON ST | | | | | | |
| ORLANDO FL 32805 ORLANDO FL 32805 | | | | | DO NOT WRITE IN THIS | SDACE | | |
| JS US | | | | | 3. Date Incorporated or Qualified | SPACE | | |
| | | | | | 08/31/1990 | | } | |
| O Deineinel D | land of Business | 2a. Mailing Address | | | 4. FEI Number | | applied For | |
| 2. Principal Place of Business | | 17 2 and 12 of 1 | | NOT APPLICABLE | | lot Applicable | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Additional | | |
| 27 | | ¬ ''' | | - | 5. Certificate of Status Desired | • | Required | _ |
| City & State | | City & State | | 6. Election Campaign Financing | ction Campaign Financing 55.00 May Be | | | |
| 3 OHanda Fl. | | 28 Orlando, H. | | Trust Fund Contribution | • | to Fees | | |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year Int | angible | ر | |
| 1328/ | 5 [25] Oranae | 29 32805 30 | 7 Ora | ange. | Personal Property Tax. | ☐ Yes | 12 1√10 | |
| | 9. Name and Address of Current | Registered Agent | | J | 10. Name and Address of New Registered | Agent_ | | |
| | | | 81 | Name | | | ì | |
| | Y, MARTHA M | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | | | |
| 4205 ARBOR OAKS CT. | | | | | | | | |
| ORL | ANDO FL 32808 | | 83 | | | | Į | |
| | | | 84 | City | | 85 Zip | Code | |
| | | | | 1 | FL oration submits this statement for the purpose of | <u> </u> | | |
| agent. I a | egistered agent, or both, in the state of medianiliar with, and accept the obligation of the state of the sta | ons of, Section 607.0505, Florida | a Statutes | nt signature require | on's board of directors. I hereby accept the appoint the appoint of the second of directors. I hereby accept the appoint of th | | | 6 |
| 12. OFFICERS AND D | | | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECT | ORS IN 12 | ğ |
| TITLE | DP | ☐ DELETÉ | 1.1 TITLE | | | | | |
| NAME | GRAY, MARTHA M. | C. DEFETE | 1.1 TITLE | | | Change | Addition | 3 |
| STREET ADDRESS | QIDII, III/WIII/VI | C DEELE | 1.1 TITLE 1.2 NAME | | | Change | e ☐ Addition | 27 /4 |
| | 1850 SPARKLING WATER CIR | C BEECH | 1.2 NAME | T ADDRESS | | Change | e | FO34 /4 |
| CITY- ST- ZIP | | | 1.2 NAME | 1 | | Change | e | A/ NEOTO- |
| CITY-ST-ZIP TITLE | 1850 SPARKLING WATER CIR | DELETE | 1.2 NAME 1.3 STREE | 1 | | ☐ Change | | A 140000 |
| | 1850 SPARKLING WATER CIR OCOEE FL 34761 | | 1.2 NAME 1.3 STREE 1.4 CITY-S | 1 | | | | 4/ NECTOR /4 |
| TITLE | 1850 SPARKLING WATER CIR OCOEE FL 34761 DP | | 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME | 1 | | | | */ *COHCHO |
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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: