

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 28 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001553 (6)
1. Corporation Name
TAILWAGGERS LEARNING CENTER O.T.C. OF SOUTH FLORIDA, INC.



Principal Place of Business 7135 PIGEON KWAY WAY LAKEWORTH FL 33467 US	Mailing Address 7135 PIGEON KEY WAY LAKE WORTH FL 33467
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3. Date Incorporated or Qualified 03/25/1994	4. FEI Number 65-0488705	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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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

6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FLATLEY, RACHEL T ESO.
7135 PIGEON KEY WAY
LAKE WORTH FL 33469**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME FLATLEY, RACHEL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7135 PIGEON KEY WAY	CITY-ST-ZIP LAKE WORTH FL	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE VD	NAME HULSEY, JAMES T.	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1341 SCOTTSDALE RD W	CITY-ST-ZIP WEST PALM BCH FL	2.1 TITLE	
	<input checked="" type="checkbox"/> DELETE	2.2 NAME	VB Greta Beede
TITLE SD	NAME BYRNE, KIMBERLY S.	2.3 STREET ADDRESS	7650 Overlook Drive
STREET ADDRESS 19866 BLACK FALCON RD.	CITY-ST-ZIP LOXAHATCHEE FL	2.4 CITY-ST-ZIP	LAKE WORTH, FL. 33467
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	NAME KING, JEAN M.	3.2 NAME	SD CATHLEEN O'BRIEN
STREET ADDRESS 11886 N 54TH ST	CITY-ST-ZIP ROYAL PALM BEACH FL	3.3 STREET ADDRESS	443 CORAL COVE DR
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE D	NAME MASULIS, PAULA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1075 MOONLIGHT WAY	CITY-ST-ZIP W PALM BEACH FL 33411	4.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS	D Kristin Spillone
TITLE	NAME	4.4 CITY-ST-ZIP	106 Oriole Ct.
STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	Royal Palm Beach, FL 33411
	<input type="checkbox"/> DELETE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	
TITLE	NAME	6.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Jean King **Jean King** 4/20/98 561-627-1270

CR2E037 (10/97)