


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90023 021 \*\*\*\*61.25

04-28-1999

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000001553**

1. Corporation Name  
**TAILWAGGERS LEARNING CENTER O.T.C. OF SOUTH FLORIDA, INC.**

436108 - 90023 - 21

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/25/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0488705
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  FLATLEY, RACHEL T ESQ. 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 85 Zip Code FL
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NO 'E' Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLATLEY, RACHEL 7135 PIGEON KEY WAY LAKE WORTH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEEDE, GRETA 7650 OVERLOOK DRIVE LAKE WORTH FL 33467	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'BRIEN, CATHLEEN 443 CORAL COVE DRIVE JUNO BEACH FL 33408	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Secretary mairee Dezeudong 4921 Sanddune Cir apt 108 West Palm Bch, FL 33417</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, JEAN M. 11886 N 54TH ST ROYAL PALM BEACH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPILLONE, KRISTIN 106 ORIOLE CT. ROYAL PALM BEACH FL 33411	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Director Dee A. McMichael 2772 Mooring Ct. #107 Lantana Fla. 33462</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 for 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 on an attachment with an address, with all other like empowerer.

SIGNATURE: *Jeannette King* DATE: *4/23/99* TELEPHONE: *561-627-1270 EXT 10*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)