CORPO	PROFIT ORATION LL REPORT	FLORIDA DEPARTI Sandra B. Secretary	MENT OF STATE Mortham		
1996 DIVISION OF CORPORA					
DOCUM	ENT # N950 0	00003839 (6))		
THE FL P, INC.	ORIDA BUSINESS/HIGHEI	R EDUCATION PARTNE	RSHI	I ADDINIRE DIR IEREI BINN RANN DANN	11
Principal Place o	of Rusinges	Mailing Address		<u> </u>	
•	Y CAMPBELL CAUSEWAY	6200 COURTNEY CAMPBE	LL CAUSEWAY		
SUITE 845		SUITE 845 TAMPA FL 33607			
TAMPA FL 3360) <i>(</i>	TAMPA PL 33007		3. Date Incorporated or Qualified 08/18/1995	3a. Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 59 - 333 0496	Applied For Not Applicable
Suite, Apt #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Z ₁ p	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
] 2.10	25	29	30	Florida Statutes	Yes UNO
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Reg	gistered Agent
FDMON	DS, RICHARD R			dress (P.O. Box Number is Not Acceptable	(a)
	DURTNEY CAMPBELL CAUSEV	/AY	82 Street Add	gress (P.O. Box Number is Not Acceptable	
SUITE 8			83		
TAMPA	FL 33607		84 City		FL 85 Zip Code
44 Durement to	the provisions of Sections 617 050	2 and 617 1508. Florida Statutes	s, the above named cor	poration submits this statement for the pu	upose of changing its registered
-46:	gistered agent, or both, in the State I familiar with, and accept the obliga	of Florida, Such change was all	IMOOZAA DV IDA CORIXXA	poration submits this statement for the po- tion's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ont and little if applicable (NOTE	Registered Agent signature requ		DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
TITLE	COBB, CHARLES E JR.	DELETE	1.1 TITLE 1.2 NAME		2 - 1
NAME STREET ADDRESS	233 PONCE DE LEON BLV	D., P.H. III	1.3 STREET ADDRESS	2333 Ponco de Leon	Blud PHILL
CITY-ST-ZIP	CORAL GABLES FL 33134	,	1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	NUNIS, RICHARD A		2.2 NAME		
STREET ADDRESS	POST OFFICE BOX 10000 LAKE BUENA VISTA FL 321	990 4000	2 3 STREET ADDRESS		
CITY-ST-ZIP	D DENA VISTA PL SE	DELETE	2 4 CITY - ST - ZIP 3.1 TITLE	:	Change Addition
TITLE	CARPENTER, ALVIN R		3 2 NAME		<u>.</u> · <u>_</u>
NAME STREET ADDRESS	500 WATER STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		3.4. CITY - ST - ZIP		
TITLE	D	DELETE	4 1 TITLE		Change Addition
NAME	FUENTE, DAVID 1		4. 2 NAME		
STREET ADDRESS	2200 OLD GERMAN TOWN	I ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		4.4 CITY - ST - ZIP		Change L Additio
TITLE	D DODGE DODGET A	DELETE	5.1 TITLE	TIPLEY CTOWART	L Grange LYX00000
NAME	MONROE, ROBERT A		5.2 NAME	DARA ULRO	
STREET ADDRESS	5430 BAY CENTER DRIVE		5.3 STREET ADDRESS	ALCADINATION A	A 341.18
CITY-ST-ZIP	TAMPA FL 33609	Incorre	5.4 CITY - ST - ZIP	TURLEY STEWART P.O. BOX 4689 CLEARWATER, F.	Change Additio
TITLE	D Stavros, gus a	DELETE			Sumayo Reduce
NAME	111 SECOND AVENUE, N.	C CHITE SIA	6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS					

June 6, 1996 813-289-9200
Date Date Daylore From M1774