

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 16 1998 8:00am
Secretary of State

DOCUMENT # N96000000436 (3)

1. Corporation Name

ALL SCHOOL KIDS, INC.



Principal Place of Business

Mailing Address

3603 CLARK ROAD
SARASOTA FL 34233

3603 CLARK ROAD
SARASOTA FL 34233

3. Date Incorporated or Qualified

01/22/1996

4. FEI Number

59-3366817

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWNING, ROBERT W JR.
1800 SECOND STREET, STE. 888
SARASOTA FL 34236

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCNZIES, JOHN
STREET ADDRESS 711 CATTLEMEN RD
CITY-ST-ZIP SARASOTA FL 34232 ☒ DELETE

1.1 TITLE PD
1.2 NAME ALFREDO Fichera
1.3 STREET ADDRESS 3603 CLARK RD
1.4 CITY-ST-ZIP SARASOTA FL 34233 ☐ Change ☒ Addition

TITLE TD
NAME MECKLER, JIM
STREET ADDRESS 4738 COUNTRY MANOR DR
CITY-ST-ZIP SARASOTA FL 34233 ☒ DELETE

2.1 TITLE D
2.2 NAME CAROL Fichera
2.3 STREET ADDRESS 3603 CLARK RD
2.4 CITY-ST-ZIP SARASOTA FL 34233 ☐ Change ☒ Addition

TITLE D
NAME MORRIS, GORDON
STREET ADDRESS 1850 BUCANEER CT
CITY-ST-ZIP SARASOTA FL 34231 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MCNZIES, JOHN SR
STREET ADDRESS 711 CATTLEMEN RD
CITY-ST-ZIP SARASOTA FL 34232 ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/98

941-927-4674

CR2E037 (5/98)