FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9600004503

1. Corporation Name

SENIORNET LEARNING CENTER OF CENTRAL FLORIDA, IN C.

Principal Place of Business
99 E. MARKS ST
ORLANDO FL 32803

Mailing Address

99 E. MARKS ST ORLANDO FL 32801

FILED Mar 16, 1999 8:00 am § Secretary of State

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Section Sect		#. etc.				4. FEI Number			Applied For	
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Store Stor	City & State City & State					5. Certifcate of Status Desired				
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81							9 11 22 27			
ARRONSON, RENEE 940 PONYTAIL PALM CIR OVIEDO R. 32765 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Floride Statutes, the option of Sections 617.0503, Floride Statutes, the option of Sections 617.0503, Floride Statutes, the option of Sections 11. Section 617.0503, Floride Statutes, the option of Sections 11. Section 617.0503, Floride Statutes, sections 11. Section 617.0503, Floride Statutes, sections 12. Section 11. Section 617.0503, Floride Statutes, sections 12. Section 11. S	24		11	<u>u</u>		7.001.000				
ARRONSON, RENEE 940 PONTAIL PALM CIR OVIEDO FL 32765 82 Street Address (P.O. Box Number is Not Acceptable) 940 PONTAIL PALM CIR OVIEDO FL 32765 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,6502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Supplied Transport of Prince Institute of Prince Page Institute of Prince Institu		3. Name and Address of Ourient	registored rigent	81	Name	Δ# #_	¥			
940 PONYTAIL PALM CIR OVIEDO R. 32765 83 84 City FL 85 Zip Code 11. Fursuant 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 agent. I am fignifier with, and accept the obligations of, Section 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am fignifier with, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE Supplies Applies on the provisions of Section 617 0503, Florida Statutes. SIGNATURE Supplies Applies on the provisions of Section 617 0503, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. TITLE	ADDONICO	NA DENEE								
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TI. 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 of positions of sections of 17.0502 and 617.1508, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS IN 12 TITLE DAME JARNIS, ALEX STREET ADDRESS 4304 LAKE UNDERHILL RD DRIANDO FL 32803 14. CITY-ST-ZP ORLANDO FL 32819 DELETE 21. TITLE DAME STREET ADDRESS GORNATURE PD NAME STREET ADDRESS GORNATURE PD NAME STREET ADDRESS GORNATURE DRIANDO FL 32819 DELETE 21. TITLE DRIANDO FL 32819	OVIEDO P	L 32/65						11 -		
T11. Pursuant to the provisions of Sections 617 (2602 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, in the State of Florida. Statutes. SIGNATURE SUPPLIES AROUNS ON (NOTE Registered Agent stignature required when nainstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DATE OFFICERS AND DIRECTORS AND				84	City		FL	85 21	p Code	
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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 comporation 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 1

SIGNATURE: Torse SMINATUR FRENZERIA ARONSON

127/99 407-977-1050 Date Dayline Phone # (2E037 (11/98)