

FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000001764 (6)**  
1. Corporation Name  
**PHYL'S ACADEMY PLUS, INC.**



Principal Place of Business <b>12361 N.W. 14TH STREET PLANTATION FL 33322</b>	Mailing Address <b>12361 N.W. 14TH STREET PLANTATION FL 33322</b>
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3. Date Incorporated or Qualified <b>03/26/1997</b>	
4. FEI Number <b>65-0737239</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>4381 N St Rd 7</b>	2a. Mailing Address 26 <b>Same</b>
Suite, Apt. #, etc. 22 <b>N/A</b>	Suite, Apt. #, etc. 27 <b>as</b>
City & State 23 <b>Lauderdale Lakes FL</b>	City & State 28 <b>above</b>
Zip 24 <b>33319</b>	Country 25 <b>USA</b>
Country 29 <b>USA</b>	Zip 30 <b></b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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 type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BAPTISTE, AFUA  
12361 N.W. 14TH STREET  
PLANTATION FL 33322**

10. Name and Address of New Registered Agent

81 Name <b>Curtis Baptiste</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>12361 NW 14 St</b>	
83 <b></b>	
84 City <b>Plantation</b>	85 Zip Code <b>FL 33323</b>

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 *Curtis Baptiste* **Curtis Baptiste** **4/11/98**  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAPTISTE, AFUA</b> <b>12361 N.W. 14TH STREET</b> <b>PLANTATION FL 33322</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAPTISTE, CURTIS</b> <b>12361 N.W. 14TH STREET</b> <b>PLANTATION FL 33322</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FREMONG-BOADU, PHYLLIS</b> <b>5540 KINGS HIGHWAY</b> <b>BROOKLYN NY 11203</b>	<input type="checkbox"/> DELETE <i>change position</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D</b> <b>President</b> <b>Frempong-Boadu Phyllis</b> <b>5540 Kings Highway</b> <b>Bklyn NY 11203</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D</b> <b>Vice President</b> <b>Fuiler, Denise</b> <b>8340 NW 48 St</b> <b>Lauderhill FL 33351</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D</b> <b>Secretary</b> <b>Ludlow Bailey</b> <b>431 NE 210 Arter Apt 24-201</b> <b>Miami FL 33179</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>D</b> <b>Treasurer</b> <b>Same as above</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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]* **SIGNATURE REQUIRED** **4/15/98 954 731 7524**

CR2E037 (10/97)