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FILED
Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000003197 (7)
1. Corporation Name
CHAMPION SCHOOLS, INC.



Principal Place of Business: 1052 MONTGOMERY ROAD, SUITE 142, ALTAMONTE SPRINGS FL 32714
Mailing Address: 1052 MONTGOMERY ROAD, SUITE 142, ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: 06/02/1997
4. FEI Number: 59-3463543
Applied For: Not Applicable

2. Principal Place of Business: 21 742 Sanlando Road, Suite, Apt. #, etc. Altamonte Springs, FL. 32714
2a. Mailing Address: 26 Same, Suite, Apt. #, etc. Altamonte Springs, FL. 32714
23 Country: 25 Seminole

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: FALCO, VICKI, 621 N LONGVIEW PLACE, LONGWOOD FL 32779

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

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: Vicki Falco (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE: DP President	NAME: Vicki Falco	STREET ADDRESS: 621 N. Longview Pl.	CITY-ST-ZIP: Longwood, FL. 32779	<input type="checkbox"/> DELETE
TITLE: V Vice-President	NAME: Ernie Falco	STREET ADDRESS: 621 N. Longview Pl.	CITY-ST-ZIP: Longwood, FL 32779	<input type="checkbox"/> DELETE
TITLE: ST Secretary/Treasurer	NAME: Pam Winston	STREET ADDRESS: 653 S. Longview Pl.	CITY-ST-ZIP: Longwood, FL. 32779	<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
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Vicki Falco, Vicki Falco 5-20-98 407-869-1723

CR2E037 (10/97)