

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).

FILED  
Jul 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003952 (5)

1. Corporation Name

YOUMAN & NELSON'S EDUCATIONAL SERVICES, INC.



Principal Place of Business 116 CLOWSON COURT OCOE FL 34761	Mailing Address 116 CLOWSON COURT OCOE FL 34761	3. Date Incorporated or Qualified 07/09/1997
		4. FEI Number 59-3443955
		Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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
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9. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD #211 PALM BEACH GARDENS FL 33418	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
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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 NA

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 NAME STREET ADDRESS CITY-ST-ZIP D YOUMAN, HARRIET F 116 CLOWSON COURT OCOE FL 34761	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP D/S Youman, Harriet F 116 Clowson Court Ocoee, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP D YOUMAN, EDWIN E II 116 CLOWSON COURT OCOE FL 34761	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP P Black, Patricia L. 116 Clowson Court Ocoee, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP D NELSON, EUNICE 116 CLOWSON COURT OCOE FL 34761	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP V Riley, Sharon 116 Clowson Court Ocoee, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP D [Empty]	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP T Alexander, Audrey 116 Clowson Court Ocoee, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP D [Empty]	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP C Hart, Hydrenia 116 Clowson Court Ocoee, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP D [Empty]	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [Empty]

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:

Harriet F. Youman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harriet F. Youman

Date

7/2/98

(407) 294-9172

(407) 295-4772

Daytime Phone #

CR2E037 (5/98)