FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mozthamk

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700004975 (5)

FLORIDA EXCEPTIONAL STUDENTS DEVELOPMENT FUND, I

FILED Feb 27 1998 8:00am Secretary of State

NC.		•			
Principal Plac	e of Business	Mailing Address			ILA BREIE BIBIR IBINI IBEAN OEST 19851
2103 W. ELM ST. 2103 W. ELM ST.		2103 W. ELM ST.		3. Date Incorporated or Qualified	
TAMPA FL 336	04	TAMPA FL 33604		08/26/1997	
				4. FEI Number	Applied For
				593475566	Not Applicable
· .	lace of Business	2a. Mailing Address	-	Certificate of Status Desired	\$8.75 Additional
21		26			Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campalgn Financing Trust Fund Contribution	\$5.00 May Be
22 City & State	B	City & State		7. Is this nonprofit corporation a homeow	Added to Fees
23		28		7. Is this horiprofit corporation a nomeon	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	26	29 30	0	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	red Agent
			81 Name	Jack K. Lam	. 6
CORPORATION SERVICE COMPANY				ress (P.O. Box Number is Not Acceptable)	7
1201 HAYS STREET				103 W. Elm	74
MULAN	MOSEE FL 32301-2025				
			84 City	tompa	FL 85 Zip Code 33600
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-named corp		
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	Jack R. Lam	6	Jan all	family 1/	18/18
	Signature, typed or printed name of registered ager				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
TITLE NAME		Chen DELETE	1.1 TITLE		Citalings Divolution
STREET ADDRESS	Just R. Land	, € 1. ∂	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	3103 W.Elm	St. D	1.4 City-St-Zip		
TITLE	A (0)	DELETE	2.1 TITLE		Change Addition
NAME	Paul Summa	Cer	2.2 NAME		
STREET ADDRESS	301 4+> St Su	<i>D</i>	23 STREET ADDRESS		
CITY-ST-ZIP	1000 FL 337	70	2. 4 CITY-ST-ZIP	<u>'</u> .	
TITLE	Secretor	☐ DELETE	3.1 TITLE		Change Addition
NAME	Linda Morreher		3.2 NAME		
STREET ADDRESS	301 4 42 54 5W	D	3.3 STREET ADDRESS		
CITY-ST-ZIP	Large FL 33	DELETE DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME	Committee Mamber	L. DECERT	4.1 TITLE 4. 2 NAME		
STREET ADDRESS	Pence Doniels	D	4.3 STREET ADDRESS		
CITY-ST-ZIP	801 644 St. SW	•	4.4 CITY-ST-ZIP		
TITLE	Largo, F1 3377	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME:			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-\$1-2IP			6.4 CITY - ST - ZIP	0-1/ 440 07/01/0 57	and the short has the state of
indicated	on this annual report or supplemental	annual report is true and accura	ate and that my signatu	Section 119.07(3)(i), Florida Statutes. I furtheure shall have the same legal effect as if made	e 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 open, attachment with an address.					