

FILE NOW: FILING FEE IS \$61.25

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Feb 16 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 # **N97000006216 (2)**
1. Corporation Name

SOUTHERNMOST EDUCATIONAL INCORPORATED



Principal Place of Business 6910 N.W. 2ND TERRACE BOCA RATON FL 33487	Mailing Address 6910 N.W. 2ND TERRACE BOCA RATON FL 33487
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3. Date Incorporated or Qualified 11/03/1997	
4. FEI Number	Applied For <input checked="" type="checkbox"/> 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
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LACY, LUCILLE A 6910 N.W. 2ND TERRACE BOCA RATON FL 33487

10. Name and Address of New Registered Agent 81 Name William R. Lacy 82 Street Address (P.O. Box Number is Not Acceptable) 6910 N.W. 2nd Terrace 83 Boca Raton Florida 84 City Boca Raton FL 85 Zip Code 33487
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 **William R. Lacy** DATE **1/22/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	Lacy Lucille A
STREET ADDRESS	6910 N.W. 2nd Terrace
CITY-ST-ZIP	Boca Raton FL 33487
TITLE	<input type="checkbox"/> DELETE
NAME	William R. Lacy
STREET ADDRESS	6910 N.W. 2nd Terrace
CITY-ST-ZIP	Boca Raton FL 33487
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.1 TITLE	Chairman
1.2 NAME	William R. Lacy
1.3 STREET ADDRESS	6910 N.W. 2nd Terrace
1.4 CITY-ST-ZIP	Boca Raton FL 33487
2.1 TITLE	President
2.2 NAME	Lucille Ann Lacy
2.3 STREET ADDRESS	6910 N.W. 2nd Terrace
2.4 CITY-ST-ZIP	Boca Raton Florida
3.1 TITLE	Vice President
3.2 NAME	Elizabeth Lucille Lacy
3.3 STREET ADDRESS	6910 N.W. 2nd Terrace
3.4 CITY-ST-ZIP	Boca Raton FL 33487
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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: **Lucille A. Lacy** DATE **1/22/98** 912-9002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2007 (1097)