

**FILED**  
**Sep 22, 1999 8:00 am**  
**Secretary of State**

09-22-1999 90007 028 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N98000001338**

1. Corporation Name

**STRATFORD EDUCATIONAL INSTITUTE, INC.**

Principal Place of Business

201 FLAGLER AVENUE  
EDGEWATER FL 32132

Mailing Address

201 FLAGLER AVENUE  
EDGEWATER FL 32132



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 201 Flagler Ave.		26 Suite, Apt. #, etc.		03/05/1998	
22 Suite, Apt. #, etc.		27 City & State		4. FEI Number	
23 Edgewater, FL		28 City & State		59-3511249	
24 32132		29 Country		5. Certificate of Status Desired	
25 Volusia		30 Country		[ ] \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				[ ] \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**BUCZEK, JOSEPH**  
201 FLAGLER AVENUE  
EDGEWATER FL 32132

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

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

*Joseph Buczek* Joseph Buczek

8/28/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CE Officer + Director	1.1 TITLE	[ ] Change [ ] Addition
NAME	Joseph Buczek	1.2 NAME	
STREET ADDRESS	201 Flagler Ave., Edgewater	1.3 STREET ADDRESS	
CITY-ST-ZIP	201 Flagler Ave., FL 32132	1.4 CITY-ST-ZIP	
TITLE	Director	2.1 TITLE	[ ] Change [ ] Addition
NAME	Ruth Buczek	2.2 NAME	
STREET ADDRESS	201 Flagler Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Edgewater, FL 32132	2.4 CITY-ST-ZIP	
TITLE	Catherine Buczek	3.1 TITLE	[ ] Change [ ] Addition
NAME	(Director)	3.2 NAME	
STREET ADDRESS	436 PALMETTO ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Edgewater, FL 32132	3.4 CITY-ST-ZIP	
TITLE	Laurie Grey	4.1 TITLE	[ ] Change [ ] Addition
NAME	(Director)	4.2 NAME	
STREET ADDRESS	2320 Eslinger Rd. Lot 29	4.3 STREET ADDRESS	
CITY-ST-ZIP	New Smyrna Beach, FL 32159	4.4 CITY-ST-ZIP	
TITLE	STUART Welch	5.1 TITLE	[ ] Change [ ] Addition
NAME	(Director)	5.2 NAME	
STREET ADDRESS	1320 PLUM AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Merritt Island, FL 32943	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

*Joseph Buczek* 8/28/99 (904) 428-1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)