07141999-90003-034-$70.00-$70.00

ANNUAL REPORT
1999

Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State
07-14-1999 90003 034 ****70.00

DOCUMENT # N98000006588

1. Corporation Name

ABC, 123 ALTERNATIVE LEARNING ACADEMY, INC.

Principal Place of Business	Mailing Address
4024 WATCH HILL ROAD ORLANDO FL 32808	4024 WATCH HILL ROAD ORLANDO FL 32808

605127-90001-24

FEI 59-3544875

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/18/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3544875 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EDY, FAYBELLE F DR 4024 WATCH HILL ROAD ORLANDO FL 32808	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EADY, FAYBELLE F CHAIRMA		1.2 NAME		
STREET ADDRESS	4024 WATCH HILL ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GORDON, BETTY YATES CO-CHAI		2.2 NAME		
STREET ADDRESS	107 ALBRIGHTON DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, ALMEDA B		3.2 NAME		
STREET ADDRESS	3476 SUNNY VIEW CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, DOROTHY		4.2 NAME		
STREET ADDRESS	139 CLARK STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MACK, GWENDOLYN M		5.2 NAME		
STREET ADDRESS	606 KATHERINE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CUMMING, LOUISSTEEN		6.2 NAME		
STREET ADDRESS	421 CAMPUS VIEW DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		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 Faybelle F. Eady 7-7-99 (407) 298-8701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #