

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06652 (2)  
1. Corporation Name  
COMMUNITY VOCATIONAL SCHOOLS OF FLORIDA, INC.

Principal Place of Business 1066 EXECUTIVE PARKWAY SUITE 100 ST. LOUIS MO 63141		Mailing Address 12747 OLIVE BLVD. SUITE 214 ST. LOUIS MO 63141-6269 US		3. Date Incorporated or Qualified <b>07/03/1985</b>	
				3a. Date of Last Report <b>05/01/1995</b>	
2. Principal Place of Business 21 <b>5215 W. LAUREL ST. STE 110</b> <del>XXXXXXXXXXXXXXXXXXXX</del> <b>TAMPA FL</b> Suite, Apt. #, etc. 22 <del>XXXXXXXXXXXX</del> City & State 23 <b>33607</b> Zip 24 Country 25 <b>USA</b>		2a. Mailing Address 26 <b>110</b> <del>XXXXXXXXXXXX</del> <b>TAMPA FL</b> Suite, Apt. #, etc. 27 <del>XXXXXXXXXXXX</del> City & State 28 <b>33607</b> Zip 29 Country 30 <b>USA</b>		4. FEI Number <b>43-1298636</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent  <b>JEPPERSON, LYNNETTE</b> <b>5215 W LAUREL ST/ SUITE 203</b> <b>TAMPA FL 33607</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <div style="text-align: right;"> <b>FL</b> 85 Zip Code         </div>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>PDY</b> <b>GANS, BARBARA J.</b> <b>12747 OLIVE BLVD. SUITE 214</b> <b>ST. LOUIS MO</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			1.2 NAME	<b>GANS, JAMES, PRESIDENT</b>	
STREET ADDRESS			1.3 STREET ADDRESS	<b>12747 OLIVE BLVD., SUITE 214</b>	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	<b>ST. LOUIS, MO 63141-6269</b>	
TITLE	<b>S</b> <b>PRITCHETT, CAROL M.</b> <b>12747 OLIVE BLVD., SUITE 214</b> <b>ST. LOUIS MO</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			2.2 NAME	<b>VICE PRESIDENT</b>	
STREET ADDRESS			2.3 STREET ADDRESS	<b>RICHARD GANS</b>	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	<b>12747 OLIVE BLVD. SUITE 214</b> <b>ST. LOUIS, MO 63141-6269</b>	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			3.2 NAME	<b>TREASURER</b>	
STREET ADDRESS			3.3 STREET ADDRESS	<b>MARK I. ROTHSTEIN</b>	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	<b>12747 OLIVE BLVD. SUITE 214</b> <b>ST. LOUIS, MO 63141-6269</b>	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <b>CAROL M. PRITCHETT</b> <i>Carol M. Pritchett, Sec.</i> 4/29/96 314-878-8282 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (12/95)