

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Jul 30 1998 8:00am  
Secretary of State

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



Principal Place of Business

**5215 W. LAUREL ST  
SUITE 110  
TAMPA FL 33607  
US**

Mailing Address

**5215 W LAUREL ST  
SUITE 110  
TAMPA FL 33607  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

**07/03/1985**

4. FEI Number

**43-1298636**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**JEPPERSON, LYNNETTE  
5215 W LAUREL ST  
STE 110  
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name  
**Manuel C. Rodriguez**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5215 W. Laurel St., Suite 110**  
83  
**Tampa, FL 33607**  
84 City 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME  
**GANS, JAMES**  
STREET ADDRESS  
**12747 OLIVE BLVD. SUITE 214**  
CITY-ST-ZIP  
**ST. LOUIS MO**

TITLE VP ☐ DELETE

NAME  
**RICHARD GANS**  
STREET ADDRESS  
**12747 OLIVE BLVD., SUITE 214**  
CITY-ST-ZIP  
**ST. LOUIS MO**

TITLE T ☐ DELETE

NAME  
**MARK I. ROTHSTEIN**  
STREET ADDRESS  
**12747 OLIVE BLVD, SUITE 214**  
CITY-ST-ZIP  
**ST. LOUIS MO**

TITLE S ☐ DELETE

NAME  
**PRITCHETT, CAROL M**  
STREET ADDRESS  
**12747 OLIVE BLVD ST 214**  
CITY-ST-ZIP  
**ST LOUIS MO**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Carol M. Pritchett, Sec.*

7/16/98

Sec. P. P. P.

CR2E034 (5/98)