

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 SEP 26 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000026655(9)
1. Corporation Name
College Plus, Inc

Principal Place of Business	Mailing Address
1261 Homestead Rd N Suite 201 LE High Acres FL	SA 1116 33936

3. Date Incorporated or Qualified 4/08/93		3a. Date of Last Report 4/25/96	
4. FEI Number 65-0402213		Applied For	
		Not Applicable	
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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THREET, JOHN G.
1261 HOMESTEAD RD N
SUITE 201
LEHIGH ACRES FL 33936

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 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.)

DALE

DATE 4/22/97

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE ☐ DELETE
NAME KING, J. STANLEY
STREET ADDRESS 1201 HUNTSIDE RD N
CITY-ST-ZIP BEHIGH PLACES FL

1.1	TITLE
1.2	NAME
1.3	STREET ADDRESS
1.4	CITY - ST - ZIP

TITLE	P		<input type="checkbox"/> DELETE
NAME	Therect, John G.		
STREET ADDRESS	1261 Homestead Rd N		
CITY - STATE - ZIP	Lakeland, FL		

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

NAME Coleman, Darrell DELETE
STREET 1261 Homestead Rd N
CITY High Ridge
STATE FL
ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

John E. Street President

Date: _____

Davidson Brown ■

CR2E034 (9/96)