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Jun 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000027916 (4)  
1. Corporation Name  
ADOPT-A-SCHOOL, INC.



Principal Place of Business: 1208 MINNESOTA AVE STE C WINTER PARK FL 32789  
Mailing Address: P.O. BOX 627 WINTER PARK FL 32790-0627 US

2. Principal Place of Business: 1470 GENE STREET WINTER PARK, FL. 32789 USA  
2a. Mailing Address: ABOVE  
2b. City & State: WINTER PARK, FL. 32789 USA

3. Date Incorporated or Qualified: 04/14/1993  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-3176691  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: FRITH, AL 28 EAST WASHINGTON STREET SUITE 1015 ORLANDO FL 32802

10. Name and Address of New Registered Agent: FREY, LOUIS, JR. 215 NO. GOLA DRIVE P.O. BOX 2809 ORLANDO FL 32802

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: LOUIS FREY, JR. DATE: 4-28-97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	COLEMAN, JERRY V	
STREET ADDRESS	2352 SUN VALLEY CIRCLE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, GERRY T	
STREET ADDRESS	1800 SUNSET ROAD #B8	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	COLEMAN, JAMES T.	
STREET ADDRESS	700 MELROSE AVE #L22	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRITH, ALFRED L	
STREET ADDRESS	28 EAST WASHINGTON STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, RODERICK B.	
STREET ADDRESS	4629 38TH STREET, SUITE 100	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAGE, FRANK L	
STREET ADDRESS	6068 SOUTH APOPICA-MINELAND ROAD, SUITE 5	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COLEMAN, JERRY V.	
1.3 STREET ADDRESS	580 OLD LIL STREET	
1.4 CITY-ST-ZIP	WINTER PARK, FL. 32789	
2.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PIERCE, LARRY R.	
2.3 STREET ADDRESS	649 CRICKLEWOOD	
2.4 CITY-ST-ZIP	HEATHROW, FL. 32746	
3.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAMES T. COLEMAN	
3.3 STREET ADDRESS	1470 GENE ST.	
3.4 CITY-ST-ZIP	WINTER PARK, FL. 32789	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature] DATE: 4-28-97 (407)644-7583

CR2E034 (9/96)