

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000057184 (2)

1. Corporation Name

SCHOOL IMPROVEMENT SERVICES, INC.



Principal Place of Business

Mailing Address

1079 MORSE BLVD.
SUITE B
WINTER PARK FL 32789-3751
US

1079 MORSE BLVD.
SUITE B
WINTER PARK FL 32789-3751
US

3. Date Incorporated or Qualified

08/13/1993

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

21 1240 Wellington Terrace

Suite, Apt. #, etc.

22 City & State

23 Maitland, FL

24 Zip

25 USA

2a. Mailing Address

26 1240 Wellington Terrace

Suite, Apt. #, etc.

27 City & State

28 Maitland, FL

29 Zip

30 USA

4. FEI Number

59-3197095

Applied For

Not Applicable

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

MILLER, KENNETH W
1079 MORSE BLVD.
SUITE A
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

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 address of principal office

Signature, typed or printed name of registered agent, and address of principal office

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D FERNANDEZ, JOSEPH A
STREET ADDRESS
1240 WELLINGTON TERRACE
CITY-ST-ZIP
MAITLAND FL

TITLE ☐ DELETE

NAME
D MILLER, KENNETH W
STREET ADDRESS
1110 WEST IVANHOE BLVD.
CITY-ST-ZIP
ORLANDO FL 32804

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

32751

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 407-831-6014
Daytime Phone

CR2E034 (12/95)