FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P93000062963 (2) DOCUMENT #

1. Corporation Name

INTERNATIONAL CLASSROOM, INC.

FILED Apr 10 1998 8:00am Secretary of State



Principal Place	or business	Mailing Address	Mailing Address						
6801 MEADOV ST PETERSBU		P.O. BOX 22404 ST PETERSBURG FL 33742				DO NOT WRITE	E IN THIS S	PACE	
					3	. Date Incorporated or Qualified			
						09/09/1993			
2. Principal Place of Business 2a, Mailing Address					14	I, FEI Number			Applied For
21	200 0. 200	26				59-3206142			Not Applicable
Suite, Apt.	# 810	Suite, Apt #, etc.				38 3200 142		\$8.7	5 Additional
22	m, Q 10.	27			5	, Certificate of Status Desired	 		Required
City & State)	City & State			6	 Election Campaign Financing Trust Fund Contribution 	г		00 May Be ed to Fees
23 Zin	Country	28 Zip							
Zip 24	25	29	30	у	8	 This corporation owes or has personal Property Tax due June 		ent year Yes	No No
	g. Name and Address of Curre	nt Registered Agent			10). Name and Address of New Ro	gistered A	gent	
MU	NOZ, GLORIA H	_	81	N	Name				
ACCA APPAROUN ANNI OR AL				S	Street Address (P.O. Box Number is Not Accepta	ble)		
\$T	PETERSBURG FL 33702		83	-				-	
			84	Ь.	City		•	85 Z	ip Code
					City		FL	1 1	`
11, Pursuant I	o the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607 1508, Florida Statu	ites, the abov	e-na	named corporation	on submits this statement for the	purpose of	changin	g its registered
office or re	e gistere d agent, or both, in the State m tam iliar with, and accept the oblig	e of Florida. Such change was valions of Section 607.05 0 5. F	authorized b Iorida Statute	y th	ne corporation's	board of directors. I hereby acce	pt the appo	intment	as registered
•	in termial with and accept the only	rations of, acciton our todoo, r	ionou orandi						
SIGNATURE	Signature, typed or printed name of registered au	ont and title (Lapplicable (NO	IF: Registered Ap	ent si	signature required whe	en reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECT	ORS IN 12
TATLE	Ď	DELETE	1.1 TITLE					Chang	e Addition
NAME	MUNOZ, GLORIA H		1.2 NAME						
STREET ADDRESS	6801 MEADOWLAWN DR N		1.3 STREE	T ADD	ODRESS				
CITY-SI-ZIP	ST PETERSBURG FL 33702		1.4 CiTY -						
THILE		DELETE	2.1 TITLE					Chang	e Addition
NAME		-	2.2 NAME						
STREET ADDRESS			2.3 STREE		10RESS				
CITY-ST-ZIP				2. 4 City - St - ZIP					
TITLE		DELETE	3.1 TITLE	<u> </u>				Chang	e Addition
NAME		_	3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADD	ODRESS				1
CITY-ST-ZIP			3.4. CITY-						
TITLE		DELETE	4.1 TITLE					Chang	e Addition
NAME			4. 2 NAME						
STREET ADDRESS	1		4.3 STREE	TADE)DRESS				
CITY-ST-ZIP			4.4 CITY-	ST - 71	7IP				
TITLE		DELETE	5.1 TITLE					Chang	e 🔲 Addition
NAME {			5.2 NAME			***			
STREET ADDRESS			5.3 STREE	T ADD	DDRESS				ļ
CITY-ST-ZIP			5.4 C(TY -	ST-ZI	ZiP				
TITLE		☐ DELETE	61 TITLE					Chang	e Addition
NAME			6 2 NAME						
STREET ADDRESS			6.3 STREE	T ADD	ODRESS				
CITY-ST-ZIP			6.4 CITY-						
	active that the information cumplied	the this filter shop and smallful				ion 110 07/3\/i\ Florida Statuton	L further cor	lify that	the information

r nereby certify that the information supplied with this hing does not quality 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.

12-18-98 (0121525-3417