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Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90138 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000010469

| Corporation | Name | | | | | | | |
|---|---|---|--------------------------|--|---|----------------------|------------|--|
| CHARTERED COURSES, INC. | | | | | | | | |
| | | | | | | | | |
| Principal Place | of Business | Mailing Address | | | - I IBBILIADE KIU IONK BIBKI BBILI BBILI BBILI | <u> </u> | | |
| 9604 CORTEZ RD. 9604 CORTEZ RD. | | | | | | | | |
| UNIT 126 126 | | | | | DO NOT WRITE IN THIS SPACE | | | |
| BRADENTON FL 34210 BRADENTON FL 34210 | | | | | 3. Date Incorporated or Qualifed | | | |
| US | | US | | | 02/03/1994 | | | |
| Principal Place of Business 2a. Mailing Address | | | | | - 4. FEI Number | App | nied For | |
| 21 | | | | | 65-0469530 | | Applicable | |
| Suite, Apt. #, etc. | | | | | 5. Certifcate of Status Desired | \$8.75 A | | |
| 27 | | | | | | · | | |
| | City & State City & State | | | | 6. Election Campaign Financing | \$5.00 A Added to | | |
| 23 | | | | | Trust Fund Contribution | |) (662 | |
| Zip | | | | | 8. This corporation owes the current year Intangible Personal Property Tax. Yes No | | | |
| 24 25 29 30 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | |
| | | | | Name | | | _ | |
| MR. & MRS. ADRICK HOLT | | | 82 | Street Add | fress (P.O. Box Number is Not Acceptable) | | | |
| 9604 COTEZ RD. 44TH AVE. W. UNIT 126 | | | 83 | _ | | | _ | |
| BRADENTON FL 34209 | | | 63 | | | | | |
| DIV. | JE111011 1 E 01200 | | 84 | City | | FL 85 Zip C | ode | |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statutes, t | he abov | e-named cor | poration submits this statement for the purpos | e of changing its | registered | |
| office or re | egistered agent, or both, in the State of in familiar with, and accept the obligat | of Florida. Such change was autho | rized by | the corporat | ion's board of directors. I hereby accept the a | ppointment as reg | jistered | |
| 1 | I latting with, and accept the estigat | 10110 011 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicable (NOTE: Reg | istered Age | nt signature requir | red when reinstating) DA1 | | | |
| 12. | OFFICERS AN | | 13. | | ADDITIONS/CHANGES TO OFFICER | | | |
| TITLE | • | | 1.1 TITLE | | | ☐ Change | ☐ Addition | |
| NAME | Hotel, Oricia it | | 1.2 NAME | | | | | |
| STREET ADDRESS | DOT COTTLE TIP. CTTT 120 | | 1.3 STREE | TADDRESS | | | } | |
| CITY-ST-ZIP | 577.5277.577.5 | | 1.4 CITY-S | 7-ZIP | , | ☐ Change | Addition | |
| TITLE | | | 2.1 TITLE | | | Change | - Addition | |
| NAME | HOLT, ADRICK L | | | | LS TO THE | • • | | |
| STREET ADDRESS | ABONESC SOOT CONTIEL TID. CIVIL TEC | | | T ADDRESS | | | | |
| CITY-ST-ZIP | Bit ib Little Cited | | 2. 4 CITY-S 3.1 TITLE | ST-ZIP | | ☐ Change | Addition | |
| TITLE | | | 3.2 NAME | | | | _ | |
| NAME | | | | T ADDRESS | | | [| |
| STREET ADDRESS | ~ <u> </u> | | 3.4. CITY-5 | | | | | |
| CITY-ST-ZIP TITLE | | | 4.1 TITLE | 31-21 | | ☐ Change | ☐ Addition | |
| NAME | | - | 4. 2 NAME | | | | Ì | |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | · † | | 4.4 CITY-S | | | | | |
| TITLE | <u></u> | | 5.1 TITLE | | | Change | Addition | |
| NAME | | j | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | ☐ Addition | |
| NAME | | | 6.2 NAME | | | | ĺ | |

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 an ap attachment with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

R. Zbet

SIGNATURE:

CITY-ST-ZIP

ER OR DIRECTOR