

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000019003 (0)

1. Corporation Name

COMP-YOU-LEARN OF JUPITER, INC.

Principal Place of Business

1695 W. INDIANTOWN RD.
#30
JUPITER FL 33458
US

Mailing Address

129 HAMPTON CIR
JUPITER FL 33458



2. Principal Place of Business

2a. Mailing Address

1695 W. Indiantown Rd.

3. Date Incorporated or Qualified

03/11/1994

3a. Date of Last Report

04/10/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

Suite # 30

4. FEI Number

65-0469887

Applied For

Not Applicable

22 City & State

27 City & State

Jupiter, FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zip

24 Country

28 Zip

29 Country

33458

US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDGLEY, MICHELE
129 HAMPTON CIR
JUPITER FL 33458

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 in the Florida

1996. Registered Agent Signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change ☐ Addition

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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:

Michele Edgley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michele Edgley 4-27-96 (407) 7435333
Date Date/Time Phone #

CR2E034 (12/95)