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

PROFIT CORPORATION ANNUAL REPORT

1997

8310 BAY VISTA ESTATES BLVD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

9310 BAY VISTA ESTATES BLVD.

DOCUMENT # P94000043679 (7)

LIVING FOR EDUCATION, INC.

Principal Place of Business Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



					· ·	
					3. Date Incorporated or Qualified 06/10/1994	3a. Date of Last Report 08/05/1996
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		1	NOT APPLICABLE	Not Applicable
Suite Apt. 4 22	ŧ, etc.	Suite, Apt. #, etc.		1	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Ζφ	Country	Zφ	Coun	itry	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30			Yes 🗹 No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent
SWIN	IG, MARCE			1 Name		
9310 BAY VISTA ESTATES BLVD. ORLANDO FL 32836				60 Street Addyses (D.O. Bey Number is Not Acceptable)		
			['	82 Street Address (P.O. Box Number is Not Acceptable)		ile)
UND	MDO FL 32030		la la	83		
			- T	B4 City		FL 85 Zip Code
		too too too F		 		
11. Pursuant t	o the provisions of Sections 607.0t poistered agent, or both, in the Sta	bD2 and 607.1508, Florida Stati te of Etorida, Such change was	utes, the ab	ove-named corp by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered at the appointment as registered
agent. Lar	n familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Statu	les.	ments board of anoticial trolopy docup	The appointment as regionared
SIGNATURE						
	Signature itypen or princed name of registeren a			Agent signature requ	red when reinstating)	DATE
12.		ND DIRECTORS	13.	·····	ADDITIONS/CHANGES TO OFFIC	
TITLE	DPST	C DELETE	1,1 1110	.F		Change Addition
NAME	SWING, MARCE		1.2 NA	AE .		
STREET ADDRESS	9310 BAY VISTA ESTATES B	LVD.	1.3 STR	EFT ADDRESS		
City - St - ZIP	ORLANDO FL 32836		1.4 CiT	Y-ST-ZIP		
COY+SI-7IP TOLE	ORLANDO FL 32836	DELETE	1.4 C/T			☐ Change ☐ Additio
TILE	ORLANDO FL 32836	DELETE		.E		Change Addition
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THEE NAME STREEL ADDRESS CHY-ST, ZIP	ORLANDO FL 32836		2 1 TITU 2.2 NAM 2.3 STR 2.4 CIT	E Me Eet address IV·ST-ZIP		
THEE NAM: STREEL ADDRESS DITY-ST-789 TITLE	ORLANDO FL 32836	☐ DELETE	2 1 TITU 2.2 NAP 2.3 SER 2.4 CIT 3.1 TITU	E ME EET ADDRESS IV - ST - ZIP E		☐ Change ☐ Addition
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4. I do hereby certily 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 fillock 12 or Block 13 if changed, or on an attackment with an address.

SIGNATURE

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4-22-97

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