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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000046698**1. Corporation Name

CITY-ST-ZIP

CURRICULUM DEVELOPMENT, INC.

#215 TAMPA FL 33615 #215 TAMPA FL 33615 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/22/1994 2. Principal Place of Business 2a. Mailing Address 26 26 27 28 29 20 20 21 20 21 21 22 23 24 25 26 27 26 27 28 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20										
Applied For	Principal Plac	e of Business	Mailing /	Address						
TAMPA R. 38815 TAMPA R. 38816	8488 W. HILLSBOROUGH AVE.									
3. Date Incorporation of Custified G6/22/1994	#215 TAMPA FI 33615			. – –				DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 2. A Milling Address 2. Suite. Apt. #, etc. 3. Suite. Apt. #, etc. #, et	TAME A LE SOO	•	17111177					1		
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City & State City & State City & State City & State	Suite, Apt.	#, etc.	<u>├</u>	, Apt. #, etc.				5. Certificate of Status Desired		,
Trust Fund Contribution		ie .		& State				6. Election Campaign Financing	\$5.00	May Be
Zip Country Zip Country Zip Country S. This corporation rows the current year Intangible Personal Property Tax. yes No No No No No No No N	23		28	_				Trust Fund Contribution	Added to	o Fees
9. Name and Address of Current Registered Agent POYSSICK, ELLENN B 6128 SCHOONER WAY TAMPA FL 33615 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 (592 and 607 1598, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered difficulty in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered difficulty in the statement for the purpose of changing its registered difficulty in the corporation's board of directors. I hereby accept the appointment as registered difficulty in the corporation's board of directors. I hereby accept the appointment as registered difficulty. I have been difficulty in the corporation's board of directors. I hereby accept the appointment as registered difficulty. I have been difficulty in the corporation's board of directors. I hereby accept the appointment as registered difficulty. I have been difficulty in the corporation's board of directors. I hereby accept the appointment as registered difficulty. I have been difficulty in the corporation's board of directors. I hereby accept the appointment as registered difficulty. I have been difficulty in the corporation's board of directors. I hereby accept the appointment as registered difficulty. I have been difficulty in the corporation's board of directors. I hereby accept the appointment as registered difficulty. I have been difficulty in the corporation's board of directors. I hereby accept the appointment as registered difficulty. I have a specific provided when remaining in the accept the appointment as registered difficulty. I have a specific provided when remaining in the accept the appointment as registered and accept the appointment as registered. 12. OFFICIENS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 24. TAME 25. TAME 1. TAME								· · · · · · · · · · · · · · · · · · ·		
POYSICK, ELENN B 6128 SCHOONER WAY TAMPA FL 33815 81 Sireet Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the advanced corporation submits this statement for the purpose of changing its 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 affamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the advanced on the statement for the purpose of changing its registered agent affamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the advanced by the corporation's board of directors. I hereby accept the appointment as registered agent agent and the function of the purpose of changing its registered agent agen	24				30			- Crocker roporty ran		∐No
POYSSICK, ELLENN B 6128 SCHOONER WAY TAMPA FL 33615 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 807.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 finillar with, and accept the obligations of, Section 607 5055, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME POYSSICK, ELLENN B 13. STREET ADDRESS 6128 SCHOONER WAY 13. STREET ADDRESS 64 OTT-57.2P 10. Change Addition 10. Chan		9. Name and Address of Curre	ent Registered	Agent		T		10. Name and Address of New Registered Ag	jent	
6126 SCHOONER WAY TAMPA FL 33615 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Flonda Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, a manufacture the obligations of, Section 607.0505, Flonda Statutes. 12. Pursuant to the provisions of Sections 807.0502 and 607.1508, Flonda Statutes 13. Pursuant to the provisions of Sections 807.0502 and 607.1508, Flonda Statutes 14. Pursuant to the provisions of Sections 807.0502, Flonda Statutes 15. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 16. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 17. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 18. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 19. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 10. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 10. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 10. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 10. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 10. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 10. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 10. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 10. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 10. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 10. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 10. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 10. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 10. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 10. Pursuant to the provisions of Sections 807.0505, Flonda Statutes 10. Pursuant	POV	SCICK ELLENN B			81	Na	me			
### City ### Last Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent accept the obligations of, Section 607.0556, Florids Statutes. ### Signature, upon or protect name of registered agent accept the obligations of Section 607.0556, Florids Statutes. ### Signature, upon or protect name of registered agent accept the obligations of Section 607.0556, Florids Statutes. ### OFFICERS AND DIRECTORS In 12 ### OFFICERS AND DIRECTORS In 12 ### In TITLE ### OFFICERS AND DIRECTORS IN 12 ###	6126	S SCHOONER WAY					eet Addre	ess (P.O. Box Number is Not Acceptable)		
TITLE DOSES CITY-ST-ZP TAMPA FL 33615	TAM	PA FL 33615			83			_		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby screept the application and accept the obligations of, Section 607:0505, Floridal Stateties. SIGNATURE					84	Cit	у	FL	85 Zip C	Code
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NAME		,,,, .	IND DIRECTOR				\neg			
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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 on an attachment with an address, with all other like empowered. SIGNATURE:

6.4 CITY-ST-ZIP

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90222 031 ***150.00