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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 13 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P9400 SCHOOL, INC.	007999	4 (7)			1100/80/1		DAN BRANK (BOAR 18110 AG	
Principal Place of Business Mailing Address							10 10)(() 210() 80()() 84(() 4(DIN BENK TERKE (BINE IN	10 1914 BIEL 1001
57 COLLEGE ORANGE PAR	RD.	57 COLLEGE RD. ORANGE PARK FL 32065				DO NOT WRITI	E IN THIS SPACE		
							porated or Qualified		
9 Principal Di	ace of Business	2a. Mailing A	ddrose			11/01/19 4. FEI Number			1A-6-1 Far
21	ace or pushicas	26				59-328		-	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.7	75 Additional	
22		27				5. Certificate	of Status Desired	1 1 7	e Required
City & State		City & State			6. Election Ca	ampaign Financing		00 May Be	
23		28		T			Contribution		ded to Fees
Zip	Country	Ζφ 1111		Count	y		ration owes or has p	, , , , , , , , , , , , , , , , , , ,	— ~
24	25 0. Name and Address of Curre	29	ant .	30			roperty Tax due June Address of New Re		∐ No
GRIDER, CHRISTEL L 57 COLLEGE RD. ORANGE PARK FL 32065 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the office or registered agent, or both in the State of Florida Such change was authoriagent. Lam lapturaryth, and accept the obligations of Section 607.0505, Florida S					City	acksonu acksonu	mber is Not Accepta	FL 85	Zip Code 3222 ng its registered as registered
SIGNATURE	Antwentte Sa	with a policable	Antoine	E Registered A	month	red when roinstating)	4-	30.88 DATE	··· <u>·</u>
12.	OFFICERS AN	IO DIRECTORS	DELETE	13. 1.1 TITLE		C EO/St	CHANGES TO OFFI	CERS AND DIRECT	
NAME	GRIDER, CHRISTEL L	~	- 011111	1.2 NAME	1		e Garrity	o o o	riodinon
STREET ADDRESS	57 COLLEGE RD.				T ADDRESS	ZR78 Ran	11 2 /		
CITY-ST-ZIP	ORANGE PARK FL 32065			1.4 CITY	1	Jack Son!		32226	•
TITLE			DELETE	2.1 TITLE				Cha	nge Addition
NAME				22 NAME	. [
STREET ADDRESS				2.3 STREE	T ADDRESS				
CITY-ST-ZIP				2. 4 C(TY	-ST-ZIP				
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STREET ADDRESS					1 ADDRESS				j
CITY-SI-ZIP				5.4 CITY-	i				
TITLE			DELETE	6 1 TITLE				Chai	nge Addition
NAME				6.2 NAME					
STREET ADDRESS	ì			1	T ADDRESS				ŀ

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify does not 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.