

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 NOV -8 7:51

SECRETARY OF STATE



DOCUMENT # P95000015179 (1)

1. Corporation Name

INTERNATIONAL EDUCATION NETWORK, INC.

Principal Place of Business

Mailing Address

ROUTE 3, BOX 3546
QUINCY FL 32351

ROUTE 3, BOX 3546
QUINCY FL 32351

3. Date Incorporated or Qualified

02/23/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

21 Rt. 3 Box 3546

2a. Mailing Address

26 SAME (no change)

4. FEI Number

59-3273907

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Quincy Fl. 32351

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

U.S.

29

30

U.S.

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

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

81 Name

Patricia Johnson

82 Street Address (P.O. Box Number is Not Acceptable)

Rt. 3 Box 3546

83

84 City

Quincy

FL

85 Zip Code
32351

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

Patricia Ann Johnson

Patricia Ann Johnson

8/31/96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME JOHNSON, PATRICIA A
STREET ADDRESS ROUTE 3, BOX 3546
CITY-ST-ZIP QUINCY FL 32351

TITLE Asst. V.P. ☐ DELETE

NAME Daymon B. P. Simmons
STREET ADDRESS Rt. 3 Box 3546
CITY-ST-ZIP Quincy Fl. 32351

TITLE Asst. V.P. ☐ DELETE

NAME Tony Hargraves
STREET ADDRESS ~~Tallahassee Florida~~ Rt. 3, Box 3546
CITY-ST-ZIP ~~Quincy, FL 32351~~

TITLE Asst. V.P. ☐ DELETE

NAME Emma Bob
STREET ADDRESS ~~Sacramento California~~ Rt. 3 Box 3546
CITY-ST-ZIP ~~Quincy, Florida~~ 32351

TITLE Chairman of the Board ☐ DELETE

NAME Leon Johnson
STREET ADDRESS Rt. 3, Box 3546
CITY-ST-ZIP Quincy, Florida 32351

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 000002001820--6

1.3 STREET ADDRESS -11/12/96--01024--021

1.4 CITY-ST-ZIP *****225.00 *****225.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 200002001822--0

2.3 STREET ADDRESS -11/12/96--01024--022

2.4 CITY-ST-ZIP *****8.75 *****8.75

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Patricia Ann Johnson

Patricia Ann Johnson

8/31/96 627-1052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)