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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL -6 PM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000015179 (1)

1. Corporation Name
INTERNATIONAL EDUCATION NETWORK INC.

Principal Place of Business	Mailing Address
Route 3 Box 3546 Quincy, Fl. 32351	SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/23/95

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 — Country 25	Zip 29 — Country 30

4. FEI Number: 59-3273907 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Attorney Lawrence J. Spiegel 343 Almeria Ave Coral Gables, Fl. 33114-	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO/President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Daymon B. Simmons		1.2 NAME	
STREET ADDRESS	Route 3 Box 3546		1.3 STREET ADDRESS	
CITY-ST-ZIP	Quincy, Florida 32351		1.4 CITY-ST-ZIP	
TITLE	CFO/Secretary	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Patricia Johnson		2.2 NAME	
STREET ADDRESS	Route 3 Box 3546		2.3 STREET ADDRESS	
CITY-ST-ZIP	Quincy, Florida 32351		2.4 CITY-ST-ZIP	
TITLE	COB/Senior Vice President	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Leon Johnson		3.2 NAME	
STREET ADDRESS	Route 3 Box 3546		3.3 STREET ADDRESS	
CITY-ST-ZIP	Quincy, Florida 32351		3.4 CITY-ST-ZIP	
TITLE	Senior Vice President	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Nathaniel Hargraves II		4.2 NAME	
STREET ADDRESS	2011 Magnolia Dr. V204		4.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Fl. 32301		4.4 CITY-ST-ZIP	
TITLE	Vice President	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	James Carl BoBB III		5.2 NAME	
STREET ADDRESS	572 Seneca St..		5.3 STREET ADDRESS	
CITY-ST-ZIP	Merced, California 95340		5.4 CITY-ST-ZIP	
TITLE	Executive Vice President	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Renee Underwood		6.2 NAME	
STREET ADDRESS	177 Warwick		6.3 STREET ADDRESS	
CITY-ST-ZIP	Daly City, Ca. 94015		6.4 CITY-ST-ZIP	

TS ?

CR2E034 (11/98)

14. 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: Patricia A. Johnson 4/1/99 (850)875-4241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #