

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

FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000027531 (9)

1. Corporation Name

TLC EDUCATIONAL CONSULTANTS, INC.



Principal Place of Business

Mailing Address

530 NEAPOLITAN WAY  
NAPLES FL 34103

530 NEAPOLITAN WAY  
NAPLES FL 34103-8566

2. Principal Place of Business

21 4500 THIRD AVE. N.W.

Suite, Apt. #, etc.

22

City & State

23 NAPLES, FL.

Zip

Country

24 34119

25

US

2a. Mailing Address

26 4500 Third Ave, N.W.

Suite, Apt. #, etc.

27

City & State

28 NAPLES, FL.

Zip

Country

29 34119

30

US

3. Date Incorporated or Qualified

04/03/1995

3a. Date of Last Report

07/23/1996

4. FET Number

65-0585842

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 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

~~FRANCHINO, TOM F.~~  
~~FRANCHINO & RAWSON, P.A.,~~  
1250 N. TAMiami TR. STE. 302  
NAPLES FL 34102

81 Name

ANDREA LISSETTE

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

4500 Third Ave., N.W.

83

84 City

NAPLES

FL

85 Zip Code

34119

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

Andrea Lissette

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

(NOTE: Registered Agent signature required when reinstating)

April 25, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME RAWSON, M. JEAN  
STREET ADDRESS 530 NEAPOLITAN WAY  
CITY - ST - ZIP NAPLES FL 34103

TITLE D ☐ DELETE

NAME LISSETTE, ANDREA  
STREET ADDRESS 4500 THIRD AVE. NW  
CITY - ST - ZIP NAPLES FL 34119

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do 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.

SIGNATURE

Andrea Lissette

April 25, 1997

CR2E034 (9/96)