

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # P95000046367 (5)

1. Corporation Name
SMARTEN UP LANGUAGE COURSE, INC.



Principal Place of Business
7 ECLIPSE TRAIL
ORMOND BEACH FL 32174
US

Mailing Address
P.O. BOX 730575
ORMOND BEACH FL 32173-0575
US

2. Principal Place of Business
21) 7 ECLIPSE TRAIL
Suite Apt. # etc.

City & State
23) ORMOND BEACH, FL
Zip
24) 32174
Country
25) US

2a. Mailing Address

26. Suite Apt. # etc.

27. City & State

28. Zip
29. Country
30.

3. Date Incorporated or Qualified
06/15/1995

3a. Date of Last Report
03/25/1996

4. FEI Number
59-3320761

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. 199.03?
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PADGETT, GLENN R
555 W GRANADA BLVD SUITE D-11
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
2. TITLE
3. STREET ADDRESS
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. 20.97

(904) 676-7655

0028255

CR2E034 (9/96)