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May 01 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 # P95000066416 (5)

1. Corporation Name
STUDENT PRINCE LEARNING CENTER, INC.

Principal Place of Business
3505 DEPEW AVE.
PORT CHARLOTTE FL 33952

Mailing Address
3505 DEPEW AVE.
PORT CHARLOTTE FL 33952-7016



3. Date Incorporated or Qualified
08/28/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 4344 Pinnacle St.
Suite, Apt. #, etc.

2a. Mailing Address

26 4344 Pinnacle St.
Suite, Apt. #, etc.

4. FEI Number

65-0616799

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

LEVINE, MICHELLE L
3505 DEPEW AVE.
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name

Levine Michelle L.

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

4344 Pinnacle St.

83

84 City

Charlotte Harbor

FL

85 Zip Code

33980

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: Michelle L. Levine

President

4/23/97

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 D
NAME LEVINE, MICHELLE L
STREET ADDRESS 741 WARNE ST.
CITY - ST - ZIP PORT CHARLOTTE FL 33952

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Levine Michelle L.
1.3 STREET ADDRESS 2448 WARNE ST.
1.4 CITY - ST - ZIP Port Charlotte, FL 33952

☒ Change ☐ Addition

2.1 TITLE Vice-President
2.2 NAME NANCY J. WEAVER
2.3 STREET ADDRESS 2110 Education Ave
2.4 CITY - ST - ZIP Punta Gorda, FL 33950

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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: Michelle L. Levine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

941-624-3504

Date

Daytime Phone #

CR2E034 (9/96)