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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000007788 (8)

TOTAL EDUCATION INTERNATIONAL, INC.

FILED Apr 01 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			I INDICES IN THE INICE SHAPE S	
4720 110TH AVE N 4720 110TH AVE N						
CLEARWATER FL 34622		CLEARWATER FL 34622			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					01/25/1996	
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3359222	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired □	88.75 Additional
22		27			S. Contribute of Citato Decirco	Fee Required
City & State		City & State				\$5.00 May Be
Zip Country		Zip Country			Trust Fund Contribution	Added to Fees
—	Mia 🗀 '	 ევეცი ⊢	_ ′		8. This corporation owes or has paid the curren Personal Property Tax due June 30.	
24 33	9 Name and Address of Current		<u> </u>		10. Name and Address of New Registered Age	
lost su						
DRIS, MICHAEL E 114 S PINELLAS AVE TARPON SPRINGS FL 34689				-	(0.0.6.1)	
			82	82 Street Address (P.O. Box Number is Not Acceptable)		
IANPON SPRINGS FL 34008				83		
				-		
			[84]	City	FL	Zip Code
Purguent to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purgose 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						
Signature: types or privised name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	D DELICATION DELICATION	☐ DELETE	1.1 TITL€		P	Change
NAME {	PRODROMITIS, DEMOSTHENE	5	1.2 NAME			
STREET ADDRESS	1606 TALLAHASSEE DRIVE		1.3 STREET			
CITY-ST-ZIP	TARPON SPRINGS FL 34689	DELETE	1.4 CITY - S	T-ZIP		Change Addition
TITLE			2.1 TITLE	1	V	Change LE Addition
NAME	•		2.2 NAME	IDDDE OC	THEOKLIA PRODROMITIS	
STREET ADDRESS			2.3 STREET		1606 TALLAHASSEE DR	
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CITY - 9 3.1 TITLE	il-ZIP	TARPON SPRINGS FL 34689	Change Addition
NAME		C) Section	3.2 NAME	i	V/S	Tonango
STREET ADDRESS			3.3 STREET	ADDDESS	VASSILIA PRODROMITIS	
			3.4. CITY-S		1606 TALLAHASSEE DR	
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	11-511	TARPON SPRINGS FL 34689	Change Addition
NAME			4. 2 NAME	1		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	i		
TITLE		DELETE	5.1 TITLE			Change
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	i		
TITLE		DELETE	6.1 TITLE			Change
NAME			6.2 NAME	1		
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	i		
	and that an area to describe the second of the second	to the filling of any material fill a family			od in Section 110 07/3)(i) Florida Statutes I further cortifo	that the information

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 ever or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ment with an address.