

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90002 001 ***150.00

DOCUMENT # P96000007788

1. Corporation Name

TOTAL EDUCATION INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

4720 110TH AVE N
CLEARWATER FL 33762
US

4720 110TH AVE N
CLEARWATER FL 33762
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1996

4. FEI Number

Applied For

Not Applicable

59-3359222

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 511 N Pinellas Ave

26 511 N Pinellas Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tarpon Springs FL

28 Tarpon Springs FL

Zip Country

Zip Country

24 34689

25

29 34689

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRIS, MICHAEL E
114 S PINELLAS AVE
TARPON SPRINGS FL 34689

81 Name

PRODROMITIS, THEOKLIA

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

511 N PINELLAS AVE

83

84 City

TARPON SPRINGS

FL

85 Zip Code
34689

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

THEOKLIA PRODROMITIS

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME PRODROMITIS, DEMOSTHENES
STREET ADDRESS 1606 TALLAHASSEE DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE V ☐ DELETE
NAME PRODROMITIS, RHEOKLIA
STREET ADDRESS 1606 TALLAHASSEE DR
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE VS ☐ DELETE
NAME PRODROMITIS, VASSILIA
STREET ADDRESS 1606 TALLAHASSEE DR
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

DEMOSTHENES PRODROMITIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-945-8877

Daytime Phone #

CR2E034 (11/98)