## 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

ii ourportion	LEANING SERVICE, INC.	0042107 (8	)) 			
Principal Place of Business		Mailing Address		I TOBILIADE LEG LOCIA SINI BOSEL ORINI DONE	háin árkik íhaði mön gotti háki hafi	
1914 GOLD AVENUE SARASOTA FL 34235		1914 GOLD AVENUE SARASOTA FL 34235-8120				
					3. Date Incorporated or Qualified 05/16/1996	3a. Date of Last Report
2. Principal P	lace of Business	2s. Mailing Address	2s. Mailing Address		4. FEI Number	Applied For
21 Cuito Apl # pto		26	Suite, Apt. #, etc.		65-0667768	Not Applicable
Suite, Apl #, etc. St. 27			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
- Ζφ 1			Countr	У	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25 9. Name and Address of Curr	[29] ent Registered Agent	30		Florida Statutes  10. Name and Address of New Reg	
SUL	LIVAN, WILLIAM J		81	Name		
1914 GOLD AVENUE			82	Street Add	Iress (P.O. Box Number is Not Acceptable	(a)
SARASOTA FL 34235						~,
			8:	Ì		
			84	<b>84</b> City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida S	Statutes, the above	/e-named cor	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered
agent La	im familiar with, and accept the obli	igations of Section 607.050	5, Florida Statute	is.	Morra board or directors. Filandly accept	( the appointment as registered
SIGNATURE	Jelle J. M.	W 1-	(NOTE Registered A	mt.	4	DATE DATE
12.	Signature, typed or protod name of registered a OFFICERS A	ND DIRECTORS	13.	ent aignature raqu	ADDITIONS/CHANGES TO OFFICE	
ŢĮĨĹF	D DELETE		E 1.1 TITLE			Change Addition
NAME	SULLIVAN, WILLIAM J		1.2 NAME			
STREET ADDRESS	1914 GOLD AVENUE		1.3 STREE	T ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34235 D DELETE		1.4 CiTY-	ST-ZIP		F 05 F 14299
TITLE	D CHILIBRANG CHEOVI A	£ DELET				Change Addition
NAME STHEET ADDRESS	SULLIVAN, CHERYL A   1914 GOLD AVENUE		2.2 NAME	T ADDRESS		
CHT-ST-ZIP	SARASOTA FL 34235		2,3 STREE	}		
1016	DEFFLE			31-211	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY - \$1 - ZiP			3 4. CITY	ST-ZIP		
TITLE		☐ DELET	E 4.1 TITLE	Ţ		Change Addition
NAME			4, 2 NAM			
STREET ADORESS			1	T ADDRESS		
CITY: ST: ZIP TITLE	DELETE		4.4 CiTY- E 5.1 TiTLE	21-ZiP		Change Addition
NAMÉ			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZP			5.4 CiTY	1		
TITLE	DELETE					Change Addition
NAME			6,2 NAME			
STREET ADDRESS	FET ADDRESS			T ADDRESS		
CHV C1 200	1		II a ₄ titv	er 210		

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 Riock 12 or Block 13 if changed, or on an attachment with in reports.

**FILED** 

May 01 1997 8:00am

Secretary of State