## 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

## DOCUMENT # P9600043382

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90158 049 \*\*\*150.00

1. Corporation	n Name	1043302						
FWR, IN	rc.							
						; PROGRAMES FOR SCHOOL MARKE MARKE MARKE	BOUR OLECE HINGE HEE	(4114 HILL (414)
							Baill Bures (1887 (188	
Principal Place of Business Malling Address						i i <b>dd</b> ai <b>ddi</b> ai <b>d</b> i <b>d</b> hio <b>d</b> hin <b>de</b> an <b>do</b> nn ddan	ECIN CIECE MAC	I CONCENTENT CONT
7253 FAIRFOX DR. 7253 FAIRFOX DR.								
TAMARAC FL 33321 TAMARAC FL 33321						DO NOT WRITE IN	THIS SPACE	
						3. Date incorporated or Qualified	THIS STACE	
								l
2. Principal Place of Business 2a. Mailing Address						05/15/1996 4. FEI Number		olied For
21 26 26						65-0674574	<del>  </del>	: Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						_		Additional
22 27						5. Certifi ate of Status Desired		e quired
City & State City & State						6. Electic n Campaign Financing		Vlay Be
23	<u>.</u>	28	<del></del>			Trust Fund Contribution	Added	to Fees
Zip	Country					8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	n Registered Agent		04		10. Name and Address of New Regist	ered Agent	
DIO.	MODO EDANIM		ı	81	Name			1
	HARDS, FRAN W			82	Street Ac'dro	(P.O. Bo) Number is Not Acceptable)		
	S FAIRFOX DR.		İ					
TAMARAC FL 33321				83				[
				84	City		FL 85 Zip	C ide
34 5	4-11- pre-injury of C ation - 607.050	22 and 207 1509 Florida Sta	tutes the at	201/18	named scre	tion submits this statement for the purpo	se of changing its	ragistered
office or re	egistered agent, or both, in the State	of Florida. Such change wa	s authorized	by ti	the corporatio	board of cirectors. I hereby accept the a	ppointment as re	g stered
_	m familiar with, and accept the obliga	itions of, Section 607.0505,	Flonda Stati	rtes.				
SIGNATURE	Signature, typed or printed nar te of registered ager	nt and title if applicable. (N	OTt : Redistered	Agent	signature required	en reinstating) DA	E	\
12.		E DIRECTORS	13.	Ť	<u> </u>	ADDITIC NS/CHANGES TO OFFICER	S / NO DIRECTO	RS IN 12
TITLE	S	☐ DELETE 1.1 T		ìΕ			☐ Change	☐ Addition
NAME	RICHARDS, FRAN W	IDS, FRAN W		ME				1
STREET ADDRESS:	•		1.3 ST	REET	ÁDDRESS			
CITY-ST-ZIP			1.4 CIT	Y-ST-	-ZIP			
TITLE	VT	☐ DELETE	2.1 TIT	LE			☐ Change	☐ Addition
NAME	RICHARDS, KENNETH E		2.2 NA	ME				Ì
STREET ADDRESS	l			REET /	ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33321		2. 4 CI	TY-ST	T-ZIP			
TITLE			3.1 ПТ				☐ Change	☐ Addition
NAME	{		3.2 NA	ME	Į			
STREET ADDRESS	DORES3		3.3 ST	REET	ADDRESS			
CITY-ST-ZIP				1Y-\$1	-ZIP			
TITLE	☐ DELETE			41 TITLE			Change	☐ Addition
NAME			4 2 N	ME.				)
STREET ADDRESS			4 3 ST	REET	ADDRESS			
CITY-ST-ZIP			4.4 CIT	4.4 CITY-ST-ZIP				
TITLE			5.1 TIT				Change	☐ Addition
NAME			5.2 NA	ME				
STREET ADDRESS			53 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CIT		ZIP			
TITLE		☐ DELETE	6.1 TIT				Change	Addition
NAME	}		62 NA		1			
STREET ADDRESS	l		# 02 CT		ADDRESS			
OTTES TREBUTES			0.3 311	REE I	ADDRESS			1

14. I hereby sertify that the information supplied with this filling 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 each; 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. On an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER CR DIRECTOR

4/1/55 554721 8710 Date D. sylme Phone # SR2E034 (11/98)