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

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90059 030 ***150.00

DOCUMENT # P96000052652

1. Corporation Name

DABU	LEANING SERVICES OF LA	INELAND, INC.	م ترین می در را به ساخت			
Principal Place	e of Business	'Mailing Address		1 10011001 110 11111 11111 11111 11111		
5719 DEER FLA LAKELAND FL		5719 DEER FLAG DR. LAKELAND FL 33811		DO NOT WRITE IN THIS	SPACE	
			•	3. Date Incorporated or Qualifed 06/19/1996		
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26 W.OBOX 58	91	59-3394872	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	28 LAKEL And	·H	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	zip 33807 30	Country	This corporation owes the current year Int Personal Property Tax.	angible ☑Yes ☐No	
	9. Name and Address of Curren			10. Name and Address of New Registered	Agent	
	AS, DANIEL M		81 Name			
5719 DEER FLAG DR.			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
LAKI	ELAND FL 33811		83			
			- 84 City	FL	85 Zip Code	
SIGNATURE		ID DIRECTORS	gistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D.	☐ DELETE	1.1 TITLE	•	☐ Change ☐ Addition	
NAME	LUCAS, DANIEL M		1.2 NAME			
STREET ADDRESS	5719 DEER FLAG DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33811		1.4 CITY-ST-ZiP	` `	☐ Change ☐ Addition	
TITLE	ST LUCAS, BARBARA H		2.1 TITLE , 2.2 NAME			
NAME	ATTA DEED ELLO DD		2.3 STREET ADORESS	\$.		
STREET ADDRESS CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	• 11.	•	
TITLE	Dured	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS) · ·		3.3 STREET ADDRESS	•	•	
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		Ü DELETE	4.1 TITLE	·	☐ Change ☐ Addition	
NAME	`		4. 2 NAME	•		
STREET ADDRESS	·		4.3 STREET ADORESS			
CITY-ST-ZIP	·	☐ OELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME		_ 5222.2	5.2 NAME		· · · ·	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME		•	
STREET ADDRESS	,	'	6.3 STREET ADDRESS			

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 emplowered 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:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR