1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000064991

YOUNG MINDS ACADEMY, INC.

98 OCT -9 AM 5: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA



<u> </u>				
Principal Place of Business	Mailing Address		r resitsal dis tonis Brier agres agus sassi sassi	18 STOR WIDIS 18118 18181 1781 1911
5454 NW 18TH ST LAUDERHILL FL 3331\$	5454 NW 19TH ST LAUDERHILL FL 33313		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	13 SFACE
			08/05/1996	
2. Principal Place of Businoss	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0687545	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	[28]		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the co	
24 25	29	30	Personal Property Tax due June 30.	res No
9, Name and Address of Curren	Registered Agent		10. Name and Address of New Registere	d Agent
CHUCK MOGBO, P.A.		81 Name		
2331 N STATE RD 7		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
SUITE 124				
Lauderhill Fl 33313		. 83		
		84 City		85 Zip Code
			 	<u>L </u>
11. Pursuant to the provisions of sections 607.0502 office or registered agent, or both, in the State	and 607.1508, Florida Statut of Florida, Such change was	es, the above-named corpo authorized by the corporali	vation submits this statement for the purpose of clion's board of directors. I berefy accept the appli	ch ang ing its registered
agent. I am familiar with, and accept the obliga	tions of, section 607.0505, FI	orida Statutes.	ion's board of directors. I hereby accept the app	on another to registered
SIGNATURE				
Signature, typed or printed name of registered agent 12. OF LICERS AN	 -	OTE Registered Agent signature requality 13.	ulred when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS /	AND DIDECTORS IN 12
TITLE DP OFFICERS AND		1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	
NAME RINEY, LAURA	L DELETE	1.2 NAME		L_ Change L Addition
STREET ADDRESS 2790 SOMERSET DR #0404		1.3 STREET ADDRESS		
CITY-ST-ZIP LAUDERDALE LAKES FL 33313		1.4 City-St-ZIP		
TITLE DV	DELETE	2.1 TITLE 4	10000266	364.1
NAME ALLEN, EULA	[] DECETE	2.2 NAME	10000266 -10/14/98	- 61 060613
STREET ADDRESS 2790 SOMERSET DR #Q404		2 3 STREET ADDRESS	****500.0	n ****500.00
CITY-ST-ZIP LAUDERDALE LAKES FL 33313		2.4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE	10000000	-010600146 dillion
NAME	LI DELETE	3.2 NAME	-10/14/30 *****50.0	in ******50.00
STREET ADDRESS		3.3 STREET ADDRESS	**************************************	0
CiTY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	DELETE	41 TITLE		Change Addition
NAME	[DELC 16	4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME.		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME	[6.2 NAME	1	orkinge nashori
STREET ADORESS		6.3 STREET ADDRESS	1 Dl. Geno	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	5 10112 48HV/	,
14. I hereby certify that the information supplied with	this filing does not qualify for t		nion 119.07(3)(i), Florida Statutes. I further certify	y 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.

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