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 # P96000077056

ROAD SCHOLARS, INC.

Principal	Place	of	Business

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90064 041 ***150.00



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Principal Place	of Business	Mailing Address				, in the second			
7750 S. TAMIAMI TRAIL 7750 S. TAMIAMI TRAIL SARASOTA FL 34231 SARASOTA FL 34231					-				
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						09/16/1996			
	4 Positione	2a. Mailing Address				4. FEI Number		Apr	olied For
2. Principal Pla	ice of Business	26				65-0698547		Not	Applicable
11		Suite, Apt. #, etc.	_			≈5.: Certificate of Status Desired -===		\$8.75 A	dditional
# Suite, Apt.	, etc.	27			- <u> </u>	===5.=Certificate of Status Desired-====	_	Fee Re	quired
21 2 2 24-1-		City & State				6. Election Campaign Financing		\$5.00	May Be
City & State		28				Trust Fund Contribution		Added to	Fees
23	Country	Zip	Countr	ry		B. This corporation owes the current y	ear Intanç	jible	_
Zip	25	`	30			Personal Property Tax.			□No
24	9. Name and Address of Current					10. Name and Address of New Regis	tered Ag	ent	
	5. Name and Pudiose of		8	1 1	Name				
MILLS	S, JOSEPH C	•	8	12 6	Street Addre	ess (P.O. Box Number is Not Acceptable)			
5013	80TH AVE. CIRCLE EAST		\°	2	Slieet Addre	, , , , , , , , , , , , , , , , , , ,			
	ASOTA FL 34243		8	13					
0,44			<u>_</u>	_			——- ₁	85 Zip (ode
	·		I .		City		FL	•	
		- Lood 4500 Flacido Statuto	o the abo		named come	oration submits this statement for the purpon's board of directors. I hereby accept the	ose of ch	anging its	registered
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was au tions of, Section 607.0505, Flor	ida Statut	es.	ie corporado	oration submits this statement for the purpon's board of directors. I hereby accept the	•		
SIGNATURE	Signature, typed or printed name of registered ager	et and title if applicable (NOTE:	Registered A	gent si	ignature required		DATE		
		ID DIRECTORS	13.	<u></u>		ADDITIONS/CHANGES TO OFFICE			RS IN 12
12.	D	DELETE	1.1 TITU	E	<u> </u>		(Change	Addition
TITLE	GILL MILLS, GLORIA		1.2 NAM	ΙE					
NAME	5013 80TH AVE. CIRCLE EAST	•	1.3 STR	EET AL	DORESS				
STREET ADDRESS			1.4 CITY	 /-ST-7	ZIP				
CITY-ST-ZIP	SARASOTA FL 34243	☐ DELETE	2.1 TITL				- 1	Change	☐ Addition
<i>TITLE</i>	D MILLO POSEDILO		2.2 NAM	Æ	ĺ				
NAME	MILLS, JOSEPH C ~5013:80TH-AVECIRCLE-EAST	r			ODRESS				
-STREET ADDRESS			2. 4 CIT						
CITY-ST-ZIP	SARASOTA FL 34243	DELETE	3.1 TITL					Change	☐ Addition
TITLE		_ D20001=	3.2 NAM						
NAME					ADDRESS	÷			
STREET ADDRESS						•			
CITY-ST-ZIP		DELETÉ	3.4. CIT 4.1 TITL		-21			Change	Addition
TITLE		€ PULLETIE	4, 2 NA						
NAME	1				ADDDECC	•			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		□ po crt	4.4 CIT		-ZIP			☐ Change	☐ Addition
TITLE	1	☐ DELETÉ	5.1 TITI 5.2 NAI						
NAME					ADDRESS .				
STREET ADDRESS									
CITY-ST-ZIP			5.4 CFT		-4P			[] Change	Addition
TITLE		☐ DELETE	6.1 TIT		-				_
NAME			6.2 NA		ABBBEET				•
STREET ADDRESS	1		6.3 STI	KEET A	ADDRESS	•			

14. I hereby certify that the information supplied with this tling 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 suppliemental 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 of 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 other attachment with a maderess, with all other like empowered 100 CHARLES MILLS (11) 100

CICNATURE.

Daytime Phone #