

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 26 1998 8:00am
Secretary of State

DOCUMENT # P97000003535 (6)

KAMPUS KWIK, INC.



Principal Place of Business
4102B QUIXOTE BOULEVARD
TAMPA FL 33613

Mailing Address
4102B QUIXOTE BOULEVARD
TAMPA FL 33613

DO NOT WRITE IN THIS SPACE

Principal Place of Business
25
City & State
Country
25
Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
Country
30

3. Date Incorporated or Qualified
01/14/1997
4. FEI Number
59-3427888
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SALVATORI, LEO J
4102B QUIXOTE BOULEVARD
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

I, the undersigned, being a resident qualified person in the State of Florida, do hereby certify that I am familiar with the information furnished by this corporation and I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Robert M. Reed II* (NOTE: Registered Agent signature required when reinstating)

4/28/98

OFFICERS AND DIRECTORS

ADDRESS
ZIP
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ADDRESS
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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Robert M. Reed II
1.3 STREET ADDRESS 4102B Quixote Blvd.
1.4 CITY-STATE-ZIP TAMPA, FL 33613
2.1 TITLE secretary
2.2 NAME Robert M. Reed II
2.3 STREET ADDRESS 4102B Quixote Blvd.
2.4 CITY-STATE-ZIP TAMPA, FL 33613
3.1 TITLE Treasurer
3.2 NAME Robert M. Reed II
3.3 STREET ADDRESS 4102B Quixote Blvd.
3.4 CITY-STATE-ZIP TAMPA, FL 33613
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

100002537231PE
-05/27/98--01091--041 5.26
***150.00

CR2E034 (10/97)

I, the undersigned, being a resident qualified person in the State of Florida, do hereby certify that I am familiar with the information furnished by this corporation and I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

Robert M. Reed II

4/28/98