

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

FILED
Oct 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000018766
1. Corporation Name

CREATIVE LEARNING ADVANTAGE, INC.

Principal Place of Business 6907 ARABIN ROAD ODESSA, FL 33556	Mailing Address 6907 ARABIN ROAD ODESSA, FL 33556
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6907 Arabian Rd Suite, Apt. #, etc. 22 City & State 23 ODESSA, FL Zip 24 33556		2a. Mailing Address 26 6907 Arabian Road Suite, Apt. #, etc. 27 City & State 28 ODESSA, FL Zip 29 33556		3. Date Incorporated or Qualified 02/27/97	
		4. FEI Number 59-3466584		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

10. Name and Address of New Registered Agent

GLADFELTER, LESLIE H.
1023 MANATEE AVENUE WEST
BRADENTON, FL 34206 US

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PVPSTD
NAME	MCCALL, KIM	1.2 NAME	MCCALL, KIM ZEE
STREET ADDRESS	6901 ARABIN ROAD	1.3 STREET ADDRESS	6907 Arabian Rd
CITY-ST-ZIP	ODESSA, FL 33556	1.4 CITY-ST-ZIP	ODESSA, FL 33556
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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***550.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information contained in this annual report or supplementary 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 registered or master empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I certify that the information is true and accurate.

CR2E034 (10/97)