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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00854599

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90075 039 ***150.00

DOCUMENT # P97000045907

1. Corporation Name
ABC SELF STUDY, INC.

Principal Place of Business
628 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701
US

Mailing Address
P.O. BOX 300106
FERN PARK FL 32730
US

2. Principal Place of Business
21

2a. Mailing Address
26 POBOX 947918

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28 MAITLAND, FL

Zip
24

Zip
29 32794

Country
25

Country
30 ORANGE

9. Name and Address of Current Registered Agent

BRILLIS, SARA B
628 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

113 EASTWIND LANE

83

84 City

FL

32730

FL

32730

10. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	P BILLIS, SARA B 628 MAITLAND AVE ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BRILLIS, SARA BURTON
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BILLIS, DEBRA E 628 MAITLAND AVE ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERTS, DEBRA E.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRILLIS, CHARD M 628 MAITLAND AVE ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BRILLIS, CHAD M.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRILLIS, WENDY A 628 MAITLAND AVE ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supplement to 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, with all other like empowered.

SIGNATURE: *Wanda S. Brillis* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99 800-771-4888

Date

Daytime Phone #

CR2F034 (11/98)