## 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 # P97000049528

1. Corporation Name

LEVEL - PLUS LEARNING, INC.

Principal Place of Business	Mailing Address		
5400 34TH STREET WEST #9E Bradenton Fl 34210	5400 34TH STREET WEST #9E BRADENTON FL 34210		

**FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90052 039 \*\*\*150.00



Principal Place	of Business	Mailing Address			HIL \$1818 (616) SING (186) 1811 (89)
5400 34TH STREET WEST #9E 5400 34TH STREET WEST #9E BRADENTON FL 34210 BRADENTON FL 34210			E	DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed 06/02/1997	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3466417	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		J. Certificate of Otatus Position	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29 30	]	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre			10. Name and Address of New Register	ed Agent
			81 Name		
NEGRIS, MARY E 5400 34TH STREET WEST #9E		82 Street Address (P.O. Box Number is Not Acceptable)			
	DENTON FL 34210		83		
			-		Jos Vin Codo
			84 City	F	85 Zip Code
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was auth	onzed by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE				od when reinstating) DATE	
	Signature, typed or printed name of registered ag		gistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.		ND DIRECTORS	13. 1.1 ππ.Ε	ADDITIONS/CITANGES TO CIT TOERS	Change Addition
TITLE	P PECDIC MADY E	C) detere	1.2 NAME		
NAME	NEGRIS, MARY E		1.3 STREET ADDRESS		
STREET ADDRESS	5400 34TH ST W, #9 E		1	•	ļ
CITY-ST-ZIP	BRADENTON FL 34210 S	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	NEGRIS, DANIEL		2.2 NAME		ļ
NAME	5400 34TH ST W, #9 E		2.3 STREET ADDRESS	<u>.</u> .	Ì
STREET ADDRESS	BRADENTON FL 34210		2.4 CITY-ST-ZIP		j
CITY-ST-ZIP	DIVIDENTION TE GALIG	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	•	☐ Change ☐ Addition
NAME			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			54 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition )
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

CITY-ST-ZIP 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Negris 3/1/99 941-758-8939