## 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 # **P97000051458**

EDU-TECH OF TAMPA, INC.

Principal Place of Business Mailing Address 5011-J WEST HILLSBOROUGH AVENUE 5011-J WEST HILLSBOROUGH AVENUE TAMPA FL 33634 TAMPA FL 33634

## **FILED** Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90059 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

	•					3. Date Incorporated or Qualifed 06/09/1997			
2. Principal F	Place of Business	2a. Mailing Address			***	4. FEI Number	Ap	olied For	
21		26				59-3456211		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					8.75 A	- ' '	
27						5. Certificate of Status Desired Fee Required			
City & State City & State						6. Election Campaign Financing \$5.00 May Be			
23	28					Trust Fund Contribution	Added to	Fees	
Zip						8. This corporation owes the current year Intang	jble		
4 25 29 3						Personal Property Tax.   Yes □No			
	Name and Address of Current I			<u> </u>		10. Name and Address of New Registered Age	ent		
	Tarina			81	Name				
,LIETZ, CHRIS				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
5011-J.WEST HILLSBOROUGH AVENUE				**	Sueet Addi	ress (F.O. Box Number is Not Acceptable)			
TAM	IPA FL 33634			83		AND THE RESERVE OF THE PROPERTY OF THE PROPERT	1 1 1 0		
				0.4	Cit.		ئۆيىرىئىيى مەن <b>ەردارا ج</b>		
				84	City	FJ   <sup>8</sup>	Zip C	oue	
agent. I a SIGNATURE	m familiar with, and accept the obligatio	ns of, Section 607.0505, F	lorida Stati	utes.	·	on's board of directors. I hereby accept the appointme			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent si					t signature require				
12.	OFFICERS AND DIRECTORS  D		13.	1		ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE				1.1 TITLE			Change	Addition	
NAME	LIETZ, CHRIS		1.2 NA	ME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	TAMPA FL 33634		1.4 CF	TY-ST	-ZIP	•			
TITLE	D		2.1 TI	LE			Change	Addition	
NAME	MCNUTT, KELDA	•	2.2 NA	ME					
TREET ADDRESS 5011-J WEST HILLSBOROUGH AVENUE				2.3 STREET ADDRESS					
CITY-ST-ZIP .	TAMPA FL 33634	Maria de la compansión de	2.4 C	TY-S	r-ZIP				
TITLE ,,, ,	the property of the second	☐ DELETE	3.1 TIT	ΠE			Change	Addition	
NAME 1			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET.	ADDRESS				
CITY-ST-ZIP	<b>94</b> 机 359 17		3.4. C	TY-SŦ	r. 7IP				
TITLE .		☐ DELETE	4.1 311				Change	Addition	
NAME			4.2 N	AME		_		_	
STREET ADDRESS					ADDRESS	,			
CITY-ST-ZIP		•, • • •	4.4 CI						
TITLE		☐ DELETE	5.1 TT		· LIF	· · · · · ·	Change	[ ] Addition	
NAME			5.1 III				Sharige		
	<u>-</u>				ADDRESS (				
STREET ADDRESS	· 商 4 · 4 · 4 · 4 · 4 · 4 · 4 · 4 · 4 ·	•			ì				
CITY-ST-ZIP	Little Control	, Deserte	5.4 CIT		-212		Observed	□ 4.43a·	
TITLE		DELETE				U	Change	☐ Addition	
NAME	TUM: 11 1.45.	* *	6.2 NA						
STREET ADDRESS	in the state of the first of the state of th		6.3 ST	REET/	ADDRESS				

14. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or an attachment with an addrass, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

813-290-0717