


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

FILED

May 07 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000059688 (6)</b> 1. Corporation Name <b>CEDARVIEW LEARNING CENTERS, INC.</b>					
Principal Place of Business <b>9610 BONNET LAKE DRIVE NEW PORT RICHEY FL 34654</b>			Mailing Address <b>9610 BONNET LAKE DRIVE NEW PORT RICHEY FL 34654</b>		
2. Principal Place of Business 21 <b>5398 School Rd.</b> Suite, Apt. #, etc. 22 City & State 23 <b>New Port Richey, FL</b> Zip 24 <b>34652</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>5398 School Rd</b> Suite, Apt. #, etc. 27 City & State 28 <b>New Port Richey FL</b> Zip 29 <b>34652</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>07/07/1997</b> 4. FEI Number <b>59-3454745</b> Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>WIGGINS, KELLY 7610 ILEX DRIVE PORT RICHEY FL 34688</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>4015-5 Vista Verde Dr</b> 83 84 City <b>New Port Richey</b> FL 85 Zip Code <b>34655</b>		
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 <b>Kelly Wiggins</b> DATE <b>4-22-98</b> (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, BONNIE M		1.2 NAME		
STREET ADDRESS	9610 BONNET LAKE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, JOHN B		2.2 NAME		
STREET ADDRESS	9610 BONNET LAKE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		2.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JULIAN, KIMBERLY		3.2 NAME		
STREET ADDRESS	9221 CRESTON AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIGGINS, KELLY		4.2 NAME		
STREET ADDRESS	7610 ILEX DRIVE		4.3 STREET ADDRESS	<b>4015-5 Vista Verde Dr</b>	
CITY-ST-ZIP	PORT RICHEY FL 34688		4.4 CITY-ST-ZIP	<b>New Port Richey FL 34655</b>	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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.					
SIGNATURE: <b>Kelly Wiggins</b>			DATE: <b>4-22-98</b>		



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)