SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P97000073955 (1)

JACK R. LAMB EDUCATIONAL CON	ISULTANT, INC.				
Principal Place of Business	Mailing Address			- E #0016006 410 (DIE) (0016 0011) 0016 00111 00	isto š ala ma istina cili ilganisti aliti 10 0 1
2103 W. ELM STREET 2103 W. ELM STREET					
TAMPA FL 33604 TAMPA FL 33604					
				DO NOT WRITE IN THE	HIS SPACE
				3. Date Incorporated or Qualified	
6 Odested Direct One	l on Marion Address	-		08/25/1997 4. FEI Number	A -11-45
2. Principal Place of Business	2a. Mailing Address			59-3475-485	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				 	Not Applicable \$8.75 Additional
22 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 Country	Zıp	Country	f	8. This corporation owes or has paid the	current year Intangible
24 25	29	30		Personal Property Tax due June 30.	Yes No
9. Name and Address of Current	t Registered Agent			10. Name and Address of New Register	ed Ag ent
LAMB, JÄCK R		81	Name		
2103 W. ELM STREET		82	82 Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33604					
		83			
		84	City		85 Zip Code
			l	F	
11. Pursuant to the provisions of sections 607.0502 office or registered agant, or both, in the State agent. I am familiar with, and accept the obligations of the obligation of the obligation.	! and 607.1508, Florida Statute of Florida. Sw:h change was :	es, the above- authorized by	-named corpora the corporation	ation submits this statement for the purpose of n's board of directors. Thereby accept the ap-	ch ang ing its registered {
agent I am familiar with and accent the oblide	WED A SE SOURCE ENT AFORE EL		4.10 co.po.a.o.		pomianioni aprogratarea
agent. I am familiar with, and according	mans of, section 607.0303 Fi	orida Statutes	s.		, , , , ,
SIGNATURE					126/2
SIGNATURE Signature Types or printed name of regulatered agent	and true if applicable (No	OTE Registered A		red when reinstating) DATE	126/14
SIGNATURE Signalus Trayl or printed name of registered (gent) 12. OFFICERS ANI	Land true if applicable (No	OTE Registered A			AND DIRECTORS IN 12
SIGNATURE Signalus Tripy or printed name of registered agent 12. OFFICERS ANI TITLE D	and true if applicable (No	13.		red when reinstating) DATE	126/14
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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 of structure 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 charged, or on an attachment with an address. 2/98 813/020/153

FILED

Aug 05 1998 8:00am

Secretary of State