## 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 # P97000078072

GREAT	ADVENTURE LEARNING CEN	NTER, ING.			
Principal Place	e of Business	Mailing Address		,	
	TURE LEARNING CTR	P O BOX 10968			
Bradenton Fi   US	. 34206	BRADENTON FL 34206 US		DO NOT WRITE IN	THIS SPACE
03		00	•	3. Date Incorporated or Qualifed	
				09/10/1997	
2. Principal P	lace of Business	2a. Mailing Address	001 O	4. FEI Number	Applied For
21	- · · · · · · · · · · · · · · · · · · ·	26 Y. U. DOX /	2468	59-3469426	Not Applicable
Suite, Apt.	#, etc.	Spine, Apric#, Stc.	10968	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	8	City & State	au II	6. Election Campaign Financing	<b>\$5.00</b> May Be
23	·	28 DIGUENTO	DN IT L	Trust Fund Contribution	Added to Fees
Zip	Country	トラダストンハム ロ		This corporation owes the current year.	ar Intangible ☐ Yes X No
24	9. Name and Address of Current	Registered Agent	<u> </u>	Personal Property Tax.  10. Name and Address of New Regist	
<del></del>	5. Name and Address of Current	ricegistered Agent	81 Name	10. Harris and Hadridge of Herritages	
	KMAN, JOHN E		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	11TH STREET WEST DENTON FL 34205			iless (1.0. dox Number is Not Accoptable)	
Dist	DENTON 1 E 04200		83		
			84 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agents or both, in the State or familiar with and accept the obligation	2 and 607.1508, Florida Statutes, of Florida. Such change was authors of Section 607.0505. Florida	the above-named corporation of the corporation of t	poration submits this statement for the purpoion's board of directors. I hereby accept the	se of changing its registered appointment as registered
				1 11 11	
SIGNATURE	l 'nria i k	ealick (	gristered Agent signature require	Malul 11	12199
SIGNATURE	Signature, typeo or printed name of registered agent OFFICERS AND	A CL (NOTE: Re	Pula/	Malul 11	RS AND DIRECTORS IN 12
SIGNATURE	Signature, types of printed name of registered agent OFFICERS AND	A CL (NOTE: Re	gistered Agent signature require	Adulu DA	TE
SIGNATURE	Signature, types or printed name of registered agent OFFICERS AND PST TRALICK, CARLA	All CL and title if applicable. (NOTE: Re D DIRECTORS	gristered Agent signature require	Adulu DA	RS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE	Signature, types of printed name of registered agent OFFICERS AND PST TRALICK, CARLA 2919 222ND STREET EAST	All CL and title if applicable. (NOTE: Re D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	Adulu DA	RS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, types or printed name of registered agent OFFICERS AND PST TRALICK, CARLA	end title if applicable. (NOTE: No D DIRECTORS	ngiste loof Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Adulu DA	RS AND DIRECTORS IN 12 Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, types of printed name of registered agent OFFICERS AND PST TRALICK, CARLA 2919 222ND STREET EAST	All CL and title if applicable. (NOTE: Re D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	Adulu DA	RS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, types of printed name of registered agent OFFICERS AND PST TRALICK, CARLA 2919 222ND STREET EAST	end title if applicable. (NOTE: No D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	Adulu DA	RS AND DIRECTORS IN 12 Change Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, types of printed name of registered agent OFFICERS AND PST TRALICK, CARLA 2919 222ND STREET EAST	end title if applicable. (NOTE: No D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	Adulu DA	RS AND DIRECTORS IN 12 Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, types of printed name of registered agent OFFICERS AND PST TRALICK, CARLA 2919 222ND STREET EAST	end title if applicable. (NOTE: No D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	Adulu DA	RS AND DIRECTORS IN 12 Change Addition
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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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90001 008 \*\*\*158.75