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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 14 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081274 (7)

CONTINUING EDUCATION SERVICES, INC.

	Toma Ebookmon of the				
Principal Place of Business		Mailing Address			T 1838HART 118 48141 18541 88414 88141 88141 88141 88141 88141 8814 1881 1881 1881
2244 BANYAN CLEARWATER		2244 BANYAN DRIVE CLEARWATER FL 33763			DO NOT WRITE IN THIS SPACE
_					3. Date Incorporated or Qualified 09/19/1997
2. Principa! Place of Business		2a. Mailing Address 26			4, FEI Number Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State	28		6. Election Cempaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	7 ip	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 81 Name				Name	Beth A. DAU
343 CQ		8		diess (P.O. Bennymber is Not Acceptable)	
			B	L	/
			8		earwater FL B5 Zip Code 33763
11. Pursuant to the provisions of Sections 607 0502 and 607 308, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 register agent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes.					
SIGNATURE Signature, by -d or printed name of registered agent and block explicitly (NOTE: Registered Agent signature required when					4/29/98
12.	OFFICERS AN	D DIRECTORS ()	_13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SKULAS, KELLY B		1.2 NAM	: [	
STREET ADDRESS			1.3 STRE	et address	
CITY-ST-ZIP	CLEARWATER FL 33763		1.4 CITY	-ST-ZIP	
TITLE	VD	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	DAY, BETH A		2.2 NAM	:	
STREET ADDRESS	PRESS 2244 BANYAN DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33763		2. 4 CITY	-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE		Change Addition
NAME	KAISER, DONNA		3.2 NAM	Ē	
STREET ADDRESS	2244 BANYAN DRIVE		3 3 STAE	et address [	
CITY-ST-ZIP	CLEARWATER FL 33763		3.4. CITY	- ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	]	☐ Change ☐ Addition
NAME			4. 2 NAM	Ε	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAM		
STREET ADDRESS			5.3 STRE	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY	ST-ZIP	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAM	:	
STREET ADDRESS			6.3 STRE	ET ADDRESS	

14. Thereby 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if changed, or or a state of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee among the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee.