


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

FILED

Mar 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000098814 (1)**

1. Corporation Name  
**FAUST TUTORING, INC.**

Principal Place of Business

**4120 PINE GREEN RUN  
LAKE WORTH FL 33467**

Mailing Address

**4120 PINE GREEN RUN  
LAKE WORTH FL 33467**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/17/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0807406</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>FAUST, LEONARD 4120 PINE GREEN RUN LAKE WORTH FL 33467</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

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

*Leonard Faust* Same agent.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-12-98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEONARD FAUST</b>			1.2 NAME	<b>MADLYN FAUST</b>	<input checked="" type="checkbox"/> SAME OFFICER	
STREET ADDRESS	<b>SAME</b>			1.3 STREET ADDRESS	<b>4120 PINE GREEN RUN</b>		
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>			1.4 CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	<b>AND AGENT</b>		
STREET ADDRESS				2.3 STREET ADDRESS	<b>SAME ADDRESS.</b>		
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
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:

*Leonard Faust*

**3-12-98**

CP2E034 (10/97)