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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

 Corporation 	MENT # P98000 OOK SCHOOLHOUSE PRE							
Principal Place	e of Business	Mailing Address	_					
4301 GRAND B	4301 GRAND BOULEVARD	1						
NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652						DO NOT WOLLD IN THE	CDACE	
						DO NOT WRITE IN THIS	SPACE	 7
						3. Date Incorporated or Qualifed 03/11/1998		
2. Principal Pl	lace of Business	2a. Mailing Address				を に の に の の の の の の の の の の の の の		plied For
21		26				5735(K) /U	 	t Applicable
S⊔ite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re	
22		27						
City & State	e	City & State				6. Election Campaign Financing		May Be to Fees
23		28		t- /		Trust Fund Contribution		to rees
Zip 	Country	Zip	Cour	iu y		 This corporation owes the current year Int. Personal Property Tax. 	angibie □Yes	No
24	9. Name and Address of Curre	29	30			10. Name and Address of New Registered		
·····	5. Name and Address of Curre	III Kedisteren Aferik	-	81 Nam	a	To: Hamo and Hamilton of the land		
REM	MEL, CATHY S							
4301		- 1	82 Stree	t Addres	ss (P.O. Box Number is Not Acceptable)			
	PORT RICHEY FL 34652			83			_	
THE			1'-					
				84 City		FL	85 Zip	Code
44 5	45 No. 10 10 10 10 10 10 10 10 10 10 10 10 10	00 and 607 1509. Elorido Statut	oo tho ob	ove pame	d corno	cation submits this statement for the numose of	changing its	registered
office or r	enictored agent or both in the State	of Florida. Such change was a	uthorized	hy the cor	poration	n's board of directors. I hereby accept the appoin	ntment as re	gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statu	tes.				
SIGNATURE		ANOTE	- Pagistared	Agent signatur	e required	when reinstating) DATE		i
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	-igain signator	1100000	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	DRS IN 12
TITLE	D	☐ DELETE	1.1 TIT	 LE	T		Change	☐ Addition
NAME	REMMEL, JEFFREY C		1.2 NA	νŒ				
STREET ADDRESS	7243 SKYVIEW AVENUE		1.3 57	REET ADDRES	s	-	•	Į.
CITY-ST-ZIP	NEW PORT RICHEY FL 34653			Y-ST-ZIP			٠	
TITLE	D DELETE		_	2.1 TITLE			Change	☐ Addition
NAME	REMMEL, CATHY S	_	2.2 NA	MF				1
STREET ADDRESS	7243 SKYVIEW AVENUE			REET ADDRES	s			
1	NEW PORT RICHEY FL 34653	1		ry-st-zip		•		1
CITY-ST-ZIP	HEN TOM MONET TE OTOGO	DELETE	3.1 TIT		†		Change	Addition
NAME			3.2 NA	ME				
STREET ADDRESS				"- REET ADDRES	s			,
CITY-ST-ZIP				Y-ST-ZIP	-			
TITLE		DELETE	4. 111	_	+		Change	☐ Addition
NAME			4 2 NA					
STREET ADDRESS				REET ADDRES	s	•		
CITY-ST-ZIP	1			Y-ST-ZIP		~		
TITLE		☐ DELETE	5 TIT		+		Change	☐ Addition
NAME		_	5 NA					
STREET ADDRESS			- ° 5β Sπ	REET ADORES	s	-		
CITY-ST-ZIP			5.4 CI7	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT	LE	1		Change	☐ Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 STI	REET ADDRES	s			}

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 or an attachment with an advises, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP