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Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90099 032 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000029883

1. Corporation Name

DAN TADDEO REAL ESTATE SCHOOL, INC.

Principal Place of Business  
10634 SOUTH U.S.HIGHWAY ONE  
PORT ST. LUCIE FL 34952

Mailing Address  
10634 SOUTH U.S.HIGHWAY ONE  
PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1998

4. FEI Number

65-0829609

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

MALISZEWSKI, MICHAEL  
215 S FEDERAL HWY, SUITE 100  
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

DANIEL J. TADDEO

82 Street Address (P.O. Box Number is Not Acceptable)

10634 SOUTH US 1

83

84 City

PORT ST. LUCIE

FL

85 Zip Code

34952

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 DANIEL J. TADDEO, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME TADDEO, DANIEL J  
STREET ADDRESS 10634 SOUTH U.S.HIGHWAY ONE  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE D ☒ DELETE  
NAME HEPWORTH, GLYNN DOLYN  
STREET ADDRESS 10634 SOUTH U.S.HIGHWAY ONE  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME DANIEL J. TADDEO  
1.3 STREET ADDRESS 10634 South US 1  
1.4 CITY-ST-ZIP Port St. Lucie, FL 34952

2.1 TITLE S/TD ☒ Change ☐ Addition  
2.2 NAME GLYNN DOLYN HEPWORTH  
2.3 STREET ADDRESS 10634 South US 1  
2.4 CITY-ST-ZIP Port St. Lucie, FL 34952

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: DANIEL J. TADDEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-99 561 337-2390

CR2E034 (1/98)