ND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
OUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 1999

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

OCUMENT # **P98000069705**
rporation Name

CHOR ACADEMY PRESCHOOL, INC.

al Place of Business
EKIWA SPRINGS RD
A FL 32703

Mailing Address
23 N WEKIWA SPRINGS RD
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

ncipal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/10/1998
te, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number 59 3527033 — Applied For / Not Applicable
y & State	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Country 25	Zip 29 / Country 30	6. Election Campaign Financing ☐ / Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LUECK, JULIE A 23 N WEKIWA SPRINGS RD APOPKA FL 32703	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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.

ATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E034 (5/99)

OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D LUECK, JULIE A DDRESS 23 N WEKIWA SPRINGS RD IP APOPKA FL 32703	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
D CECERE, ANGELA M DDRESS 23 N WEKIWA SPRINGS RD IP APOPKA FL 32703	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
DDRESS IP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
DDRESS IP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
DDRESS IP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
DDRESS IP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

ereby 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 cated 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 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 lock 12 or Block 13 if changed, or on an attachment with an address.

NATURE: _SIGNATURE REQUIRED_   8/25/99   407-814-1330