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

FILED May 04 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S03305 JOYCE DANGLADE, M.S. ED., P.A. Principal Place of Business Mailing Address 101 RED CEDAR DR 101 RED CEDAR DR SANFORD FL 32773 SANFORD FL 32773 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/27/1990 2. Principal Place of Business 2a. Mailing Address FFI Number Applied For 59-3030440 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zιp 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 MANN, RICHARD H 1311 E. 2ND ST. 82 Street Address (P.O. Box Number is Not Acceptable) SANFORD FL 32771 83 City 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 (NOTF: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition NAME DANGLADE, STEPHEN 1.2 NAME **332 STRAND** STREET ADDRESS 1.3 STREET ADDRESS PLEASANT HILL CA CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE DANGLADE, JOYCE ANN NAME 2.2 NAME 101 RED CEDAR DR STREET ADDRESS 2.3 STREET ADDRESS **SANFORD FL** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 31 TITLE Change __ Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing cloes 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 suppliemental 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 altachment with an address.

STREET AODRESS CITY-ST-ZIP