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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S40081

(9)

EMERGENCY EDUCATIONAL CONCEPTS, INC.

## FILED Apr 16 1998 8:00am Secretary of State

_	•	e of Business		ing Address						
	1080 PEPPEI 805	rtree un	109 805	O PEPPERTREE LN						
l	SARASOTA I	FL 34242	SAF	RASOTA FL 34242			DO NOT WRIT	TE IN THIS	SPACE	
	US		US				<ol><li>Date Incorporated or Qualified 03/01/1991</li></ol>	l		
L	2. Principal P	lace of Business	2a. M	Mailing Address			4. FEI Number		A	pplied For
12	21		26				65-0281079		N	lot Applicable
2	Suite, Apt. #, etc.  22  City & State  23		S 27	City & State			Certificate of Status Desired			
F			<u> </u>							
ľ	Zip	Countr	28	ip	Country		Trust Fund Contribution	<u> </u>		to Fees
ļ,	14	25	29	۹۰,	30		<ol><li>This corporation owes or has p Personal Property Tax due Jun</li></ol>	_	_	itangible No
۴	<u>:= </u>		ss of Current Register	red Agent	[30]	<del>-</del>	O. Name and Address of New R			140
Γ	<del>-9</del> H	EARER, JOHN-			81 Nam	10 6.7	earer, John			
l	-89	<del>27 Jamaica Stree</del> t			82 Stree	et Address	(P.O. Box Number is Not Accepted	able)		
	SA	HASOTA FL 84233			63	282 i	represtiee	<u>Lave</u>		<del></del>
l										
						<u> </u>	+ 105			
					B4 City	<u>ئىمن</u> )	·	FL	85 Zip	Code 12 42
	11. Pursuant	to the provisions of Sec	ions 607.0502 and 607.	.1508, Florida Statu	84 City	ed corporal	ara.	FL purpose o		Code 4242 its registered
	11. Pursuant office or agent. I a	to the provisions of Sec registered agent, or both im familiar with, and acc	ions 607.0502 and 607. , in the State of Florida ept the obligations of, S	.1508, Florida Ŝtatu Such change was Section 607.0505, Fl	84 City	ed corporation's	·			
	11. Pursuant office or r agent. I a SIGNATURE				tes, the above-name authorized by the coorida Statutes.		ion submits this statement for the s board of directors. I hereby according to the statement for the second of directors.	purpose o ept the app		
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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 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 occiver 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 of an altechment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4-10-98

(941) 349-5115

Change

Addition