FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # S51159 (9)

LAUREL OAKS ACADEMY, INC.

APPROVED AND FILED

'95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 1714
PUNTA GORDA FL 33951-1714

P.O. BOX 1714
PUNTA GORDA FL 33951-1714

3. 05/09/1991

3a. 08/10/1994

4. 65-0261532

Applied For / Not Applicable

5. $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution $5.00 May Be Added to Fees

8. [X]

21 11479 Melbourne Street

22

23 Pt. Charlotte, Fl.

24 33980 25 Charlotte

26 18411 Meyer Avenue

27

28 Port Charlotte, Fl.

29 33948 30 Charlotte

9. Name and Address of Current Registered Agent

WOFFORD, JANE C.
18411 MEYER AVENUE
PORT CHARLOTTE FL 33958

10. Name and Address of New Registered Agent

31 Name

32 Street Address

33

34 FL 35

11. Jane C Wofford Jane C Wofford, Pres. 5-4-95

12.

PD
WOFFORD, JANE C.
18411 MEYER AVENUE
PORT CHARLOTTE FL
ST
WOFFORD, JANE C.
18411 MEYER AVENUE
PORT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Added

Change Added

Change Added

Change Added

Change Added

Change Added

14.

SIGNATURE: Jane C Wofford Jane C Wofford 5-4-95 (813) 764-0456

SIGNATURE AND TYPED NAME OF CHIEF OFFICER OR DIRECTOR

Pres.

048270 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # S51224 (1)

C S N MANAGEMENT CORP.

P O BOX 291276
PORT ORANGE FL 32129

P O BOX 291276
PORT ORANGE FL 32129

3. Date of Last Report: 05/06/1991

3a. Date of This Report: 05/01/1994

4. FEI Number: 59-3063038

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

9. Name and Address of Current Registered Agent

HOFFMAN, CELIA
3615 S ATLANTIC AVE
#204
DAYTONA BCH FL 32127

10. Name and Address of New Registered Agent

81 Name

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

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1622, Florida Statutes, the undersigned 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 (and am familiar with and accept the obligations of that position) as provided for in Chapter 607, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR		13. ADDITIONS, CHANGES TO OFFICER AND DIRECTORS IN 12
	P	Change / Addition
NAME	BREWER, WILLIAM	
STREET ADDRESS	1110 HUNTCLIFF, NE	
CITY STATE ZIP	DUNWOODY GA	
	S	Change / Addition
NAME	SWIGERT, SHERRY	
STREET ADDRESS	MARION COUNTY COURTHSE	
CITY STATE ZIP	OCALA FL	
	T	Change / Addition
NAME	HOFFMAN, CELIA	
STREET ADDRESS	3615 S ATLANTIC AVE #212	
CITY STATE ZIP	DAYTONA BEACH FL	
	VP	Change / Addition
NAME	SCHERER, JIM	
STREET ADDRESS	450 PLEASANTVIEW ROAD	
CITY STATE ZIP	BELLEMEAD NJ	
		Change / Addition
NAME		
STREET ADDRESS		
CITY STATE ZIP		
		Change / Addition
NAME		
STREET ADDRESS		
CITY STATE ZIP		

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: Celia Hoffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CELIA HOFFMAN

4 MAY 95 (904) 761-2577
DATE TELEPHONE NUMBER

0403483 FP