

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT 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

FILED
Aug 31, 1999 8:00 am
Secretary of State

08-31-1999 90001 047 ***550.00

DOCUMENT # S62894

1. Corporation Name

EDUCATIONAL TRAVEL FOR EVERYONE, INC.



Principal Place of Business

3380 CAPITAL CIRCLE NE
SUITE 2
TALLAHASSEE FL 32308

Mailing Address

3380 CAPITAL CIRCLE NE
SUITE 2
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1991

4. FEI Number

59-3080583

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. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BUTLER, NEIL H. M.D.
322 BEARD STREET
TALLAHASSEE FL 32302

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **WACKSMAN, JAMES F**
STREET ADDRESS **3380 CAPITAL CIR NE, #2**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **C** ☐ DELETE
NAME **KEEN, J VELMA II**
STREET ADDRESS **504 SWEETWATER CLUB CIR**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **ST** ☐ DELETE
NAME **MILLER, M LANCE**
STREET ADDRESS **302 3RD ST, #1**
CITY-ST-ZIP **NEPTUNE BEACH FL**

TITLE **V** ☐ DELETE
NAME **FRANCESCHI, LEE ANN**
STREET ADDRESS **2909 IVANHOE RD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE
NAME **WACKSMAN, CATHY**
STREET ADDRESS **2644 STONEGATE WAY**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **JSS** ☐ DELETE
NAME **KEEN, SHARON**
STREET ADDRESS **504 SWEETWATER CLUB CIR**
CITY-ST-ZIP **LONGWOOD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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)(l), 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.

SIGNATURE:

SIGNATURE REQUIRED

8/27/99 3853366

CR2E034 (5/99)