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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Worham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 10:55

DOCUMENT # V43917

(6)

1. Corporation Name

ENRICHMENT PROGRAMS, INC.

Principal Place of Business

Mailing Address

300 CASCADE LANE
PALM HARBOR FL 34684
US

P. O. BOX 801
PALM HARBOR FL 34684
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/15/1992

3a. Date of Last Report
02/04/1994

4. FEI Number
59-3126006

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO BOX 801

23 City & State

27 City & State

PALM HARBOR FL

24 Zip

25 Country

29 Zip

30 Country

34682 PINELLAS

9. Name and Address of Current Registered Agent

LIEBOLD, MYRIAM B.
300 CASCADE LANE
PALM HARBOR FL 34684

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, Sections 607.0505, Florida Statutes.

SIGNATURE

Myriam B. Liebold

(NOTE: Registered Agent signature required when registering)

1/11/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	LIEBOLD, MYRIAM B.
STREET ADDRESS	300 CASCADE LANE
CITY - ST - ZIP	PALM HARBOR FL 34684
TITLE	D
NAME	LIEBOLD, FREDERICK T.
STREET ADDRESS	300 CASCADE LANE
CITY - ST - ZIP	PALM HARBOR FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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:

Frederick T. Liebold

SIGNATURE AND TYPED OR PRINTED NAME OF DINING OFFICER OR DIRECTOR

FREDERICK T. LIEBOLD

1/11/95

813 - 284 - 9128