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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:18

DOCUMENT # 720773 (1)

1. Corporation Name

ASSOCIATION OF INDEPENDENT SCHOOLS OF FLORIDA, I NC.

Principal Place of Business

Mailing Address

8200 SW 17TH ST
NORTH LAUDERDALE FL 33068

8200 SW 17TH ST
NORTH LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1971 3a. Date of Last Report 02/22/1994

4. FEI Number 59-2393307 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'SUCH, ALAN
8200 SW 17TH ST
NORTH LAUDERDALE FL 33068

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME O'SUCH, ALAN
STREET ADDRESS 8200 SW 17TH ST.
CITY-ST-ZIP NO. LAUDERDALE FL

1.1 TITLE PD
1.2 NAME CHERMAK, DR. JEROME
1.3 STREET ADDRESS 3301 COLLEGE AVE
1.4 CITY-ST-ZIP FT LAUDERDALE FL

TITLE VP
NAME CHERMAK, DR JEROME
STREET ADDRESS 3301 COLLEGE AVE
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE V.P.
2.2 NAME JOYCE A. SCHUCHTER B.S mg.w.
2.3 STREET ADDRESS 11925 SUNSET DR
2.4 CITY-ST-ZIP MIAMI 33183

TITLE SD
NAME MCGHEE, JAMES
STREET ADDRESS 6050 SW 57TH AVENUE
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME LISS, IRVING
STREET ADDRESS 18001 NW 22 AVENUE
CITY-ST-ZIP OPA LOCKE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Irving Liss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/95 (305) 963-2600

IRVING LISS