FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **734103** **(5)**

1. Corporation Name

INTERNATIONAL COLLEGE, INC.

Principal Place of Business	Mailing Address
2654 E. TAMIAMI TRAIL NAPLES FL 33962	2654 E. TAMIAMI TRAIL NAPLES FL 33962

3. Date Incorporated or Qualified: **10/20/1975**

3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **59-6605703** ☐ 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

9. Name and Address of Current Registered Agent

JONES, DONALD C.
7855 126TH AVE. NORTH
SUITE F
LARGO FL 34643

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JONES, SHARON B.		1.2 NAME		
STREET ADDRESS	544 PINELLAS BAYWAY #202		1.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRE VERDE FL		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DEVAUX, DOUGLAS		2.2 NAME		
STREET ADDRESS	7855 126TH AVE. N., #F		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JONES, DONALD C.		3.2 NAME		
STREET ADDRESS	7855 126TH AVE. N., # F		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MCMAHAN, TERRY P.		4.2 NAME		
STREET ADDRESS	~~7000 W. PALMETTO PARK RD~~		~~4.3 STREET ADDRESS~~	2654 E TAMIAMI TRAIL	
CITY-ST-ZIP	~~BOCA RATON FL~~		4.4 CITY-ST-ZIP	NAPLES, FL	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, JOHN		5.2 NAME		
STREET ADDRESS	2654 E TAMIAMI TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 119.07(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: John W. White 1/17/96 (941) 774-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #