

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 27 1997 8:00 am
Secretary of State

DOCUMENT # N94000006037 (5)

1. Corporation Name

ALTERNATIVE EDUCATION INSTITUTE, INC.



Principal Place of Business

Mailing Address

13899 BISCAYNE BOULEVARD
SUITE 143
MIAMI FL 33128

13899 BISCAYNE BOULEVARD
SUITE 143
MIAMI FL 33181-1650

3. Date Incorporated or Qualified
12/09/1994

3a. Date of Last Report
06/07/1996

2. Principal Place of Business

2a. Mailing Address

21 13899 Biscayne Blvd.

26 13899 Biscayne Blvd.

22 Suite 143

27 Suite 143

23 No. Miami, FL

28 No. Miami, FL

24 33181 25 USA

29 33181 30 USA

4. FEI Number

59-3324575

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

HINCHLIFFE, GEORGE
1344 CROSS CREEK CIRCLE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

MARK A. JACKSON

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

13899 BISCAYNE BLVD.

83

STE 143

84 City

No. Miami

FL

85 Zip Code

33181

11. Pursuant to the provisions of Sections 617.0503 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

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

(NOTE: Registered Agent signature required when reinstating)

1/17/97

12. OFFICERS AND DIRECTORS

TITLE CD ☒ DELETE

NAME LOGAN, WILLIE
STREET ADDRESS 13899 BISCAYNE BLVD., #143
CITY-ST-ZIP MIAMI FL 33128

TITLE D ☐ DELETE

NAME GORDON, ELAINE
STREET ADDRESS 13899 BISCAYNE BLVD., #143
CITY-ST-ZIP MIAMI FL 33128

TITLE D ☒ DELETE

NAME PETERSON, TOM
STREET ADDRESS 13899 BISCAYNE BLVD., #143
CITY-ST-ZIP MIAMI FL 33128

TITLE M ☐ DELETE

NAME JACKSON, MARK
STREET ADDRESS 13899 BISCAYNE BLVD., #143
CITY-ST-ZIP MIAMI FL 33128

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIR (CD) ☐ Change ☐ Addition

1.2 NAME GORDON, ELAINE
1.3 STREET ADDRESS 13899 BISCAYNE BLVD, #143
1.4 CITY-ST-ZIP No. Miami, FL 33181

2.1 TITLE VICE CHAIR (CD) ☐ Change ☐ Addition

2.2 NAME DR. ISRAEL TRIBBLE
2.3 STREET ADDRESS 13899 BISCAYNE BLVD, #143
2.4 CITY-ST-ZIP No. Miami, FL 33181

3.1 TITLE D ☐ Change ☐ Addition

3.2 NAME HINCHLIFFE, George
3.3 STREET ADDRESS 13899 BISCAYNE BLVD, #143
3.4 CITY-ST-ZIP No. Miami, FL 33181

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

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0033543

CR2E037 (9/96)