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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 34112-5707



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1975		3a. Date of Last Report 01/24/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-6605703		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JONES, DONALD C. 7855 126TH AVE. NORTH SUITE F LARGO FL 34843				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	JONES, SHARON B.	<input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		JONES, SHARON B.		1.2 NAME	JONES, SHARON B.		
STREET ADDRESS		544 PINELLAS BAYWAY #202		1.3 STREET ADDRESS	7855 126TH AVE. N #F		
CITY-ST-ZIP		TIERRE VERDE FL		1.4 CITY-ST-ZIP	LARGO, FL		
TITLE	DS	DEVAUX, DOUGLAS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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	JONES, DONALD C.	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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	MCMAHAN, TERRY P.	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		MCMAHAN, TERRY P.		4.2 NAME			
STREET ADDRESS		2654 E. TAMiami TRAIL		4.3 STREET ADDRESS			
CITY-ST-ZIP		NAPLES FL		4.4 CITY-ST-ZIP			
TITLE	V	WHITE, JOHN	<input type="checkbox"/> DELETE	5.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		WHITE, JOHN		5.2 NAME	WHITE, JOHN W.		
STREET ADDRESS		2654 E TAMiami TRAIL		5.3 STREET ADDRESS	2654 E TAMiami TRAIL		
CITY-ST-ZIP		NAPLES FL		5.4 CITY-ST-ZIP	NAPLES, FL		
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME	BROCK, Jeanette		
STREET ADDRESS				6.3 STREET ADDRESS	2654 E TAMiami TRAIL		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	NAPLES, FL		

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: *John W. White* JOHN W. WHITE 1/16/97 (94) 774-4700

CR2E037 (9/96)