


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90018 020 ***150.00

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|--|---------------------------|--|---|--|--|
| DOCUMENT # 442158 | | | |  | |
| 1. Entity Name THE ART INSTITUTE OF FORT LAUDERDALE, INC. | | | | | |
| Principal Place of Business 1799 SE 17TH ST FORT LAUDERDALE, FL 33316-0013 US | | Mailing Address C/O EDMC 210 SIXTH AVE 33RD FLOOR PITTSBURGH, PA 15222 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1500255 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS ST TALLAHASSEE, FL 32301 | | 7. Name and Address of New Registered Agent | | | |
| | | Name | | | |
| | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | City | | FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | Pres. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KALABOKE, WILLIAM S | | NAME | Charles Nagele | |
| STREET ADDRESS | 1799 SE 17TH STREET | | STREET ADDRESS | 1799 SE 17th St. | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33316 | | CITY-ST-ZIP | Ft. Lauderdale FL 33316 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ODAY, DANIEL K | | NAME | | |
| STREET ADDRESS | 210 SIXTH AVE 33RD FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | PITTSBURGH, PA 15222 | | CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | Sec. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STEINBERG, FREDERICK W. | | NAME | J. Devitt Kramer | |
| STREET ADDRESS | 210 SIXTH AVE 33RD FLOOR | | STREET ADDRESS | 210 Sixth Ave. 33rd Fl. | |
| CITY-ST-ZIP | PITTSBURGH, PA | | CITY-ST-ZIP | Pittsburgh PA 15222 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CYPHER, ROBERT | | NAME | | |
| STREET ADDRESS | 210 SIXTH AVE 33RD FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | PITTSBURGH, PA | | CITY-ST-ZIP | | |
| TITLE | AS | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MINAHAN, SUSAN | | NAME | | |
| STREET ADDRESS | 210 SIXTH AVE 33RD FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | PITTSBURGH, PA 15222 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Susan Minahan, Asst. Secretary</i> | | Date: <i>2/24/06</i> | | Daytime Phone #: <i>412-562-0900</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

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