

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

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**



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1500255

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM
1201 HAYS ST
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **NAGELE, CHARLES**
STREET ADDRESS **1799 SW 17TH ST**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **T**
NAME **PANNOZZO, DORINDA**
STREET ADDRESS **210 SIXTH AVE 33RD FLOOR**
CITY-ST-ZIP **PITTSBURGH, PA 15222**

TITLE **S**
NAME **KRAMER, J. DEVITT**
STREET ADDRESS **210 SIXTH AVE 33RD FL**
CITY-ST-ZIP **PITTSBURGH, PA 15222**

TITLE **D**
NAME **CYPHER, ROBERT**
STREET ADDRESS **210 SIXTH AVE 33RD FLOOR**
CITY-ST-ZIP **PITTSBURGH, PA**

TITLE **AS**
NAME **MINAHAN, SUSAN**
STREET ADDRESS **210 SIXTH AVE 33RD FLOOR**
CITY-ST-ZIP **PITTSBURGH, PA 15222**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000917614

05/13/08-80049-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Sue Minahan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

Date

412-562-0900

Daytime Phone #