## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 505260 (0)

THE INSTITUTE FOR CONTINUING EDUCATION, INCORPOR

Principal Place of Business C/O JONES COLLEGE

Mailing Address

C/O JONES COLLEGE

**FILED** Jan 30 1998 8:00am Secretary of State



JACKSONVILLE FL 32211		5353 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211		AY	DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					06/15/1976
	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21 26					<b>59-1824069</b> Not Applicat
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>├</b> ──		5. Certificate of Status Desired S8.75 Additional
22 City & Stat	۵	City & State			Fee Required
23	6	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country	Zip		Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	,	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre		1001		10. Name and Address of New Registered Agent
JONES, DOROTHY D.				81 Name	
5353 ARLINGTON EXPRSWY STE 410				82 Street	Address (P.O. Box Number is Not Acceptable)
J/	CKSONVILLE FL 32211			oz Sileet	Address (F.O. Box Number is Not Acceptable)
				83	
				84 City	or 75 Code
				City	85 Zip Code
11. Pursuant office or a	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statu e of Florida, Such change was	utes, the	e above-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	m familiar with, and accept the oblig	ations of, Section 607.0505, F	Florida S	Statutes.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	OTE, Regist	tered Agent signature	e required when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS	1	3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1,1	.1 TITLE	Change Addit
NAME	JONES, DOROTHY D		1,3	.2 NAME	
STREET ADDRESS	5353 ARLINGTON EXPRSWA	¥Υ	1.3	3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL		1,4	4 CITY-ST-ZIP	
TITLE	STD	DELETE	2.	1 TITLE	☐ Change ☐ Additi
NAME	JONES, JACK H		2.3	2 NAME	
STREET ADDRESS	5353 ARLINGTON EXPRSWA	NY .	2.3	3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL			4 CITY-ST-ZIP	
TITLE		☐ DELETE	3,1	1 TITLE	Change L Additi
NAME			3.2	2 NAME	
STREET ADDRESS			3.3	3 STREET ADDRESS	
CITY - ST - ZIP	- V W. F CH. WELL TENEDOVE 2.21			4. CITY-ST-ZIP	
TITLE		L DELETE		1 TITLE	L Change L Additi
NAME				2 NAME	
STREET ADDRESS			4.3	3 STREET ADDRESS	
CITY-ST-ZIP			_	4 CITY-ST-ZIP	
TITLE		☐ DELETE		1 TITLE	Change Addition
NAME				2 NAME	
STREET ADDRESS			1	3 STREET ADDRESS	
CITY-ST-ZIP		DELETE		4 CITY - ST - ZIP	Ohane Elaure
TITLE		רון חברבוב		1 TITLE	Change Addition
NAME				2 NAME	
STREET ADDRESS				3 STREET ADDRESS	
CITY-ST-ZIP	artify that the information eventled u	ith this filing does not avalify		4 CITY - ST - ZIP	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio
indicated	on this annual report or supplement	al annual report is true and ac	curate a	and that my side	nature shall have the same legal effect as if made under path; 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 12 or Block 13 if changed, or on an attachment with an address.

1/14/98