

FILE NOW: FILING FEE IS \$61.25

FILED

**May 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702402 (9)
 1. Corporation Name
SOUTH FLORIDA EDUCATION CENTER INC



Principal Place of Business %NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVE. AVP FT. LAUDERDALE FL 33314	Mailing Address %NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVE. AVP FT. LAUDERDALE FL 33314
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3. Date Incorporated or Qualified 05/06/1961	
4. FEI Number 59-1002552	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent
**FLATLEY, ROBERT
6501 S.W. 45TH STREET
DAVIE FL 33314**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, GLEN	1.2 NAME	DANIEL R. BOGLI
STREET ADDRESS	3501 DAVIE RD.	1.3 STREET ADDRESS	6500 NOVA DRIVE
CITY-ST-ZIP	DAVIE FL 33314	1.4 CITY-ST-ZIP	DAVIE, FL. 33314
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTULLI, JOHN J	2.2 NAME	
STREET ADDRESS	3301 COLLEGE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, JOYANNE	3.2 NAME	
STREET ADDRESS	2912 COLLEGE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOGLI, ROBERT	4.2 NAME	PATRICK RUSSELL
STREET ADDRESS	6500 NOVA DR.	4.3 STREET ADDRESS	2912 COLLEGE AVENUE
CITY-ST-ZIP	DAVIE FL 33314	4.4 CITY-ST-ZIP	DAVIE, FL. 33314
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, TOM	5.2 NAME	
STREET ADDRESS	2912 COLLEGE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* DATE **4/28/98** **050-262-8832**

CP2E037 (10/97)