SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 03, 1999 8:00 am
Secretary of State
08-03-1999 90006 036 ****70.00

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DOCUMENT # 747318

1. Corporation Name

COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC.

Principal Place of Business	Mailing Address
1519 CLEARLAKE RD 1519 CLEARLAKE ROAD COCOA FL 32922 US	1519 CLEARLAKE RD 1519 CLEARLAKE ROAD COCOA FL 32922 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 6301 KIRKWOOD BLVD. SW	26 6301 Kirkwood Blvd. SW	05/23/1979
Suite, Apt. #, etc. 22 LINN HALL 134	Suite, Apt. #, etc. 27 Linn Hall 134	4. FEI Number 59-2073513 ☐ Applied For ☐ Not Applicable
City & State 23 CEDAR RAPIDS, IOWA	City & State 28 Cedar Rapids, Iowa	5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required
Zip / Country 24 52406 25 USA	Zip / Country 29 52406 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KING, MAXWELL C 1519 CLEARLAKE RD COCOA FL 32922	81 Name: John Halder, C/O Don Matthews 82 Street Address (P.O. Box Number is Not Acceptable): 1200 W. International Speedway Blvd. 83 84 City: Daytona Beach FL 85 Zip Code: 32120

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] John Halder 7/19/99
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	STD	☒ DELETE	1.1 TITLE	S/M/D	☒ Change ☐ Addition
NAME	LUDWICZAK, ROBERT		1.2 NAME	Halder, John C/O Don Matthews	
STREET ADDRESS	1519 CLEARLAKE ROAD		1.3 STREET ADDRESS	1200 W International Speedway Blvd.	
CITY-ST-ZIP	COCOA FL 32922		1.4 CITY-ST-ZIP	Daytona Beach, FL 32120	
TITLE	D	☒ DELETE	2.1 TITLE	C/D	☒ Change ☐ Addition
NAME	BROWN, TERRANCE		2.2 NAME	Blong, John	
STREET ADDRESS	NORTH 2000 GREENE ST		2.3 STREET ADDRESS	306 West River Drive	
CITY-ST-ZIP	SPOKANE WA 99217		2.4 CITY-ST-ZIP	Davenport, Iowa 52801	
TITLE	D	☒ DELETE	3.1 TITLE	D/T	☒ Change ☐ Addition
NAME	STEWART, BILL F		3.2 NAME	Nielsen, Norm	
STREET ADDRESS	1525 EAST WELDON AVE		3.3 STREET ADDRESS	6301 Kirkwood Blvd. SW	
CITY-ST-ZIP	FRESNO CA		3.4 CITY-ST-ZIP	Cedar Rapids, Iowa 52406	
TITLE	D	☒ DELETE	4.1 TITLE	D/V	☒ Change ☐ Addition
NAME	MUSE, V C		4.2 NAME	Tsunoda, Joyce	
STREET ADDRESS	501 EAST MAIN ST		4.3 STREET ADDRESS	2444 Dole Street	
CITY-ST-ZIP	RAYMOND MS 39154		4.4 CITY-ST-ZIP	Honolulu, HI 96822	
TITLE	CD	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KING, MAXWELL C		5.2 NAME	George, Orlando	
STREET ADDRESS	1519 CLEARLAKE RD		5.3 STREET ADDRESS	Rt 13, Denney's Road	
CITY-ST-ZIP	COCOA, FL 00000		5.4 CITY-ST-ZIP	Dover, DE 19901	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	JENSEN, ROBERT		6.2 NAME	Hernandez, Eddie	
STREET ADDRESS	4905 C EAST BROADWAY BLVD		6.3 STREET ADDRESS	2323 North Broadway, Suite 410	
CITY-ST-ZIP	TUCSON AZ 85709		6.4 CITY-ST-ZIP	Santa Ana, CA 92706	

CR2E037 (5/99)

14. I 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, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED John Halder 7/19/99 (319) 398-5653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #