

**FILE NOW: FILING FEE IS \$61.25**

**NON-PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

98 JUN -9 PM 10:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # 842548 (0)**  
 1. Corporation Name  
**NATIONAL EDUCATION CENTERS, INC.**

Principal Place of Business Mailing Address  
**2801 MAIN STREET STE 700 IRVINE, CA 92614 US**  
~~2801 MAIN STREET STE 700 IRVINE, CA 92614 US~~

3. Date Incorporated or Qualified  
**02/07/1979**  
 4. FEI Number **95-2285294**  
 Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 **TAX DEPT**  
 22 City & State 27 **6277 SEA HARBOR DR**  
 23 Zip 28 **ORLANDO FL**  
 Country 29 **32887** 30 Country

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**988892561419-0**  
**-06/16/98--01103--013**  
 84 City **\*\*\*150.00 FL \*\*\*150.00**

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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	CLAUSEN, JOHN L	
STREET ADDRESS	2801 MAIN STREET	
CITY-ST-ZIP	IRVINE CA 92614	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	OGATA, KEITH K	
STREET ADDRESS	2801 MAIN STREET	
CITY-ST-ZIP	IRVINE CA 92614	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YAU, SAM	
STREET ADDRESS	2801 MAIN STREET	
CITY-ST-ZIP	IRVINE CA 92614	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	JARDON, STEPHEN	
STREET ADDRESS	2801 MAIN STREET	
CITY-ST-ZIP	IRVINE CA 92614	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	MAYNARD, PHILIP C	
STREET ADDRESS	2801 MAIN STREET	
CITY-ST-ZIP	IRVINE CA 92614	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HOLMEN, ROBERT R	
STREET ADDRESS	2801 MAIN STREET	
CITY-ST-ZIP	IRVINE CA 92614	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	JPP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<del>AT</del> BANKS, MICHAEL	
1.3 STREET ADDRESS	6277 SEA HARBOR DR.	
1.4 CITY-ST-ZIP	ORLANDO, FL 32887	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KNEZ, BRIAN J	
2.3 STREET ADDRESS	27 BULLSTOCK ST	
2.4 CITY-ST-ZIP	CHESTNUT HILL, MA 02167	
3.1 TITLE	D JP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SMITH, ROBERT A	
3.3 STREET ADDRESS	27 BULLSTOCK ST	
3.4 CITY-ST-ZIP	CHESTNUT HILL, MA 02167	
4.1 TITLE	JP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	URQUHART, ERNEST	
4.3 STREET ADDRESS	6277 SEA HARBOR DR.	
4.4 CITY-ST-ZIP	ORLANDO, FL 32887	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SIRKSEN, LINDA K	
5.3 STREET ADDRESS	6277 SEA HARBOR DR.	
5.4 CITY-ST-ZIP	ORLANDO, FL 32887	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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.

SIGNATURE \_\_\_\_\_

CR2E037 (10/97)