
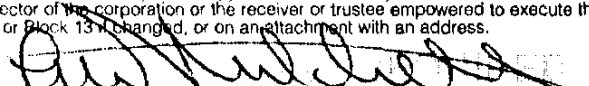


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS									
DOCUMENT # F70052 (8) 1. Corporation Name NATIONAL ASSESSMENT INSTITUTE, INC.													
Principal Place of Business 5500 RIO VISTA DRIVE SUITE 140 CLEARWATER FL 34620-3144 US			Mailing Address 5500 RIO VISTA DRIVE SUITE 140 CLEARWATER FL 34620-3107 US										
2. Principal Place of Business 21 500 Cleveland Street Suite, Apt. #, etc. 22 #1000 City & State 23 Clearwater, FL Zip 24 34615		2a. Mailing Address 26 600 Cleveland Street Suite, Apt. #, etc. 27 #1000 City & State 28 Clearwater, FL Zip 29 34615		3. Date Incorporated or Qualified 03/08/1982 4. FEI Number 59-1925475 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
9. Name and Address of Current Registered Agent HAROLD W. MULLIS, JR. ESQUIRE 101 E. KENNEDY BLVD. STE 2700 TAMPA FL 33602													
10. Name and Address of New Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">81 Name</td> <td style="width: 50%;"></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>85 Zip Code</td> </tr> </table>						81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	85 Zip Code
81 Name													
82 Street Address (P.O. Box Number is Not Acceptable)													
83													
84 City	85 Zip Code												
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.													
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>													
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12										
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	STUART, JESSE		1.2 NAME										
STREET ADDRESS	180 FREDERICK STREET		1.3 STREET ADDRESS										
CITY-ST-ZIP	STANFORD CT 06902		1.4 CITY-ST-ZIP										
TITLE	CTD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	MITCHELL, ANTHONY W.		2.2 NAME										
STREET ADDRESS	5500 RIO VISTA DRIVE		2.3 STREET ADDRESS	600 Cleveland Street									
CITY-ST-ZIP	CLEARWATER FL 34620		2.4 CITY-ST-ZIP	Clearwater, FL 34615									
TITLE	VCD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	BAX-VALENTINE, VIRGINIA		3.2 NAME										
STREET ADDRESS	433 ANGEL FISH COURT		3.3 STREET ADDRESS										
CITY-ST-ZIP	LAS VEGAS NV 89117		3.4 CITY-ST-ZIP										
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	BOZZANO, DEAN		4.2 NAME										
STREET ADDRESS	650 DUNDEE ROAD, STE 370		4.3 STREET ADDRESS										
CITY-ST-ZIP	NORTHBROOK IL 60062		4.4 CITY-ST-ZIP										
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	BUHLER, DAVID		5.2 NAME										
STREET ADDRESS	560 E 200 SOUTH, #300		5.3 STREET ADDRESS										
CITY-ST-ZIP	SALT LAKE CITY UT 84102		5.4 CITY-ST-ZIP										
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	NORBORN, HERB		6.2 NAME										
STREET ADDRESS	5500 RIO VISTA DRIVE		6.3 STREET ADDRESS	600 Cleveland Street									
CITY-ST-ZIP	CLEARWATER FL 34620-3144		6.4 CITY-ST-ZIP	Clearwater, FL 34615									
14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.													
SIGNATURE: 													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR													



CR2E034 (9/96)

4-22-97 (813) 449-8525