

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90158 023 ***150.00

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DOCUMENT # F70052

1. Corporation Name

NATIONAL ASSESSMENT INSTITUTE, INC.

Principal Place of Business

600 CLEVELAND ST
STE 1000
CLEARWATER FL 33755
US

Mailing Address

600 CLEVELAND ST
STE 1000 700
CLEARWATER FL 33755
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1982

4. FEI Number

59-1925475

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME TASLITZ, STEVEN M
STREET ADDRESS 650 DUNDEE RD, STE. 370
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE D ☐ DELETE

NAME ELFMAN, MERRICK M
STREET ADDRESS 650 DUNDEE RD, STE. 370
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE D ☐ DELETE

NAME GOLDMAN, BRUCE
STREET ADDRESS 650 DUNDEE RD, STE. 370
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE D ☐ DELETE

NAME BOZZANO, DEAN
STREET ADDRESS 650 DUNDEE RD, STE 370
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE CO ☐ DELETE

NAME TAIT, ALLEN
STREET ADDRESS 650 DUNDEE RD, STE. 370
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE S ☐ DELETE

NAME WIPPMAN, TOM D
STREET ADDRESS 650 DUNDEE RD, STE. 370
CITY-ST-ZIP NORTHBROOK IL 60062

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allen Tait

Date

Daytime Phone #

4-29-99 (727) 449-8525

CR2E034 (11/98)