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	PROFIT	F-10-46	RTMENT OF STATE		
	PORATION (A) JAL REPORT		B. Mortham ary of State		
	1996		CORPORATIONS		
	MENT # 4 9300	0005821 (4)		
 Corporation 	i Name				
Amer:	can Society of	: HUMANISTIC	Education In	ی	
Principal Place	~ \	Mailing Address	- 81010		
	pokout Place	576 101	1 1426		
STE		MANTIAND 1	F) 32751	3. Date Incorporated or Qualified	3a. Date of Last Report
	Jand, F1 32751 ace of Business	2a. Mailing Address		4. FEL Number	Applied For
21 PHIICIPAL 1	ade of Edginoss	26		59-5031455	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
710	Country		Country	Trust Fund Contribution 8. This corporation has liability for it	Added to rees
Zip 24	25	29	30	Florida Statutes	□No
	9. Name and Address of Cur	rrent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
1/ 1/16					
Von H	Ichainen Geo	NIE	1	ress (P.O. Box Number is Not Acceptab	le)
WnH;	Ishe: Men, Geo	nge	B2 Street Add	iress (P.O. Box Number is Not Acceptable	
Month:	OOKOWT Plac	E	1	200001 80	06752 32042
We!	cokove Plac rland. Fi 32)S1	83 Street Addi	2000130 -05/03/96010 ***200.00	05752 032042 FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	83 84 City les, the above-named corpored by the corporation's board	2000130 -05/03/96010 ***200.00	132-042 FL 85 Zip Code
11. Pursuant	vokovi Plac	502 and 607.1508, Florida Statut	83 84 City les, the above-named corpored by the corporation's board	2000130 -05/03/96010 ***200.00	132-042 FL 85 Zip Code
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. If to ther 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 Flock 13 if changed, or on an attachment with an address. - Johns Mrc Warner Ylaylge (40) Ly Ly Ly Ly CER OR DIRECTOR SIGNATURE:

STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP