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Jun 18 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 # F93000005821 (4)

1. Corporation Name

AMERICAN SOCIETY OF HUMANISTIC EDUCATION, INC.

Principal Place of Business

Mailing Address

175 LOOKOUT PLACE
STE. 101
MAITLAND FL 32751

175 LOOKOUT PLACE
STE. 101
MAITLAND FL 32751-4494

3. Date Incorporated or Qualified
12/22/1993

3a. Date of Last Report
05/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2031425

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VON HILSHEIMER, GEORGE
175 LOOKOUT PLACE
MAITLAND FL 32751

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 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, 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 DELETE
NAME D FRIEND, TOMM
STREET ADDRESS 2024 TURNBULL BAY RD.
CITY-ST-ZIP NEW SMYRNA FL 32188

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
300002217543-2
-06/19/97-01106-003
*****61.25 *****61.25

TITLE DELETE
NAME D VON HILSHEIMER, GEORGE
STREET ADDRESS 160 W. TROTTERS DR.
CITY-ST-ZIP MAITLAND FL 32751

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME ST MCCOY, ROBERT
STREET ADDRESS 549 TURNBULL RD.
CITY-ST-ZIP GOLDEN VALLEY MN 55416

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME V SCOVELL, WILLIAM
STREET ADDRESS 335 MICHIGAN AVE.
CITY-ST-ZIP DELAND FL 32724

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
6-18-97

TITLE DELETE
NAME P WARNER, JONNIE MAE
STREET ADDRESS 160 W. TROTTERS D.R.
CITY-ST-ZIP MAITLAND FL 32751

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 (9/96)