## 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** 

## DOCUMENT # F9600004222

1. Corporation Name

## Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90038 032 \*\*\*150.00

CORINTI	HIAN COLLEGES, INC.								
Principal Place	e of Business	Mailing Address		_		) 100/100 file abie 0/115 60/11 00/11 60/11 00/11 6		(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6 HUTTON CTR DRIVE, SUITE 400 6 HUTTON CTR DRIVE. SUITE									
SANTA ANA CA 92707-5764 SANTA ANA CA 92707-5764						DO NOT WRITE IN THIS SPACE			
1						3. Date Incorporated or Qualifed			
						08/19/1996		<u> </u>	
Principal Place of Business     2a. Mailing Address				_		4. FEI Number	A	plied For	
21		26	-			33-0717312	No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Additional	
22		27			-	5. Certificate of States Desired	Fee Re	equired	
City & Stat	е	City & State					•	May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip		untry		8. This corporation owes the current year Intangil	ole Yes	□No	
24	9. Name and Address of Current	29 Registered Agent	30	Τ		Personal Property Tax.  10. Name and Address of New Registered Ages			
	5. Name and Address of Current	Kadistaren wäent		81	Name	Total Carlo			
NAT	IONSCORP REGISTERSERVICES,	INC.							
	EAST PARK AVE.			82	Street A	Address (P.O. Box Number is Not Acceptable)			
STE.	. 200			83					
TALL	LAHASSEE FL 32302							0.4.	
				84	City	FL   <sup>8</sup>	ا الله الله الله الله الله الله الله ال	Code	
agent. I a	egistered agent, or both, in the state of m familiar with, and accept the obligation Signature, typed or printed name of registered agent.	ons or, Section 607.0505, Fi	iorida Sta	lules.	•	corporation submits this statement for the purpose of char oration's board of directors. I hereby accept the appointment required when reinstating)  DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND D	RECTO	DRS IN 12	
TITLE	PD DELETE			TILE	1		Change	☐ Addition	
NAME	MOORE, DAVID G			1.2 NAME					
STREET ADDRESS		0 - 1.3 ST		1.3 STREET ADDRESS					
CITY-ST-ZIP	SANTA ANA CA 92707-5764			ITY-S	r-zip				
TITLE	VSD	☐ DELETE	DELETE 2.1 TT			<sub>.</sub>	Change	☐ Addition	
NAME	ST PIERRE, PAUL		2.2 N	IAME	l		•	1	
STREET ADDRESS	(	100	2.3 S	TREET	ADDRESS			į	
CITY-\$T-ZIP	SANTA ANA CA 92707-5764		_	CITY-S	T-ZiP	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition	
TITLE	VT	☐ DELETE		TTLE		l –	Change		
NAME	MCCORD, FRANK J	100		IAME					
STREET ADDRESS	,	HUU			ADDRESS				
CITY-ST-ZIP	SANTA ANA CA 92707-5764	DELETE	_	TTLE	1-ZIP		Change	Addition	
TITLE	D DOWN LOVAL W			NAME					
NAME	WILSON, LOYAL W   6 HUTTON CTR DRIVE, SUITE 4	IAA	8		ADDRESS				
STREET ADDRESS	SANTA ANA CA 92707-5764	POU .						ĺ	
CITY-ST-ZIP TITLE	D			4.4 CITY-ST-ZIP 5.1 TITLE			Change	notribbA 🔲	
NAME	-MOGINTY, KEVIN-J	<i>r</i>		IAME					
STREET ADDRESS	A STATE OF THE PARTY OF THE PAR	100-	5.3 9	TREE	TADDRESS				
CITY-ST-ZIP	SANTA ANA GA 92707 5764	· <del></del>	5.4 (	CITY-S	T-ZIP				
TITLE	VS	☐ DELETE	6.1 ₹	TTLE			Change	Addition	
NAME	DEVEREUX, DENNIS		6.2 N	AME					
STREET ADDRESS	A LUCTION OTO DOUG OLUTE A	100	6.3 5	TREET	ADDRESS				
CITY-ST-ZIP	SANTA ANA CA 92707-5764		6.4 0	ITY-S	T-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: