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Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000000469 (3)**

1. Corporation Name

**PARTNERS FOR AMERICAN VOCATIONAL EDUCATION, INC.**

Principal Place of Business

**210 N. WASHINGTON STREET  
ALEXANDRIA VA 22314**

Mailing Address

**210 N. WASHINGTON STREET  
ALEXANDRIA VA 22314**

2. Principal Place of Business

**21 10295 Collins Ave.**

Suite, Apt. #, etc.

**22 #1127N**

City & State

**23 Bal Harbor, FL**

Zip

**24 33154**

Country

2a. Mailing Address

**26 10295 Collins Ave.**

Suite, Apt. #, etc.

**27 #1127N**

City & State

**28 Bal Harbor, FL**

Zip

**29 33154**

Country

**30**

3. Date Incorporated or Qualified

**01/27/1997**

4. FEI Number

**52-1327303**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

**N/A**

9. Name and Address of Current Registered Agent

**SANEMETERIO, KAREN  
6028 NW 188 TERR  
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81 Name

**Dean Griffin**

82 Street Address (P.O. Box Number is Not Acceptable)

**10295 Collins Ave.**

83 #1127N

84 City

**Bal Harbor**

**FL**

85 Zip Code

**33154**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-17-98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
NAME GRIFFIN, DEAN  
STREET ADDRESS 210 N. WASHINGTON STREET  
CITY-ST-ZIP ALEXANDRIA VA**

TITLE ☐ DELETE

**T  
NAME SAWAIA, JOSEPHINE  
STREET ADDRESS 4810 NORTH MILLER RD  
CITY-ST-ZIP SCOTTSDALE AZ**

TITLE ☐ DELETE

**S  
NAME PENROD, WALTER  
STREET ADDRESS 10825 ALABAMA AVENUE  
CITY-ST-ZIP SUN CITY AZ**

TITLE ☐ DELETE

**CD  
NAME VOG, WALLACE  
STREET ADDRESS 6023 BEL FAY LANE  
CITY-ST-ZIP AUSTIN TX**

TITLE ☐ DELETE

**VD  
NAME DORAN, VINCE  
STREET ADDRESS 325 LORITA LANE  
CITY-ST-ZIP PITTSBURGH PA**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

**2-17-98**

**305-867-8805**

CR2E037 (10/97)