1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9700000469 1. Corporation Name

PARTNERS FOR AMERICAN VOCATIONAL EDUCATION, INC.

Principal Place of Busine
10295 COLLINS AVE
#1127N
BAL HARBOR FL 33154
110

Mailing Address

10295 COLLINS AVE

#1127N

FILED May 01, 1999 8:00 am Secretary of State

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualifed			
21 10295 Collins Avenue		26 10295 Collins	Avenue.	01/27/1997	*		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Δη	plied For	
22 Suite # 426N		27 Suite # 426N		52-1327303	<u> </u>	ot Applicable	
City & State		City & State	• • • • • • • • • • • • • • • • • • • •		\$8.75		
h		— — · · · ·	Florida	5. Certifcate of Status Desired	Fee Re		
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00	May Be	
24 3315	4 25 USA	29 33154 3	0 USA	Trust Fund Contribution	Added t		
	 Name and Address of Current 	Registered Agent		10. Name and Address of New Registered	Agent		
			81 Name	C 1001 D			
GRIFFIN,	DEAN		82 Street	Griffin, Dean			
·	OLLINS AVE			Address (P.O. Box Number is Not Acceptable)			
#1127N	JEEN O MVE		83	15 Chillis Avenue			
	BOR FL 33154	•	انڪ 📗	te 426N			
DALIMA	BUN FE 33134		84 City	Harbour FI	85 Zip C		
11 6		-1047 4500 FL (1 0)	· Ba		<u>- 1 33</u> 1	184	
office or r agent. I a	registered agent, or both, in the State of amiliar with, and accept the obligation	f Florida, Such change was aut ons of, Section 617.0503, Florid	s, the above-named horized by the corp ta Statutes.	corporation submits this statement for the purpose operation's board of directors. I hereby accept the apporation is provided to the purpose of the purpose	intment as rei	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	edistered Agent signature	required when reinstating) DATE		· 	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	Resident	Change	Addition	
NAME .	GRIFFIN, DEAN		1.2 NAME	Griffin, Dean	4.		
STREET ADDRESS	210 N. WASHINGTON STREET		1.3 STREET ADDRESS		LA A		
	ALEXANDRIA VA						
CITY-ST-ZIP	T	X DELETE	1.4 CITY-ST-ZIP	Bal Harbour, FL 33154			
	CAWAIA IOCEDUINE	P DETELE	2.1 TITLE	Treasurer	Change Change	Addition	
NAME	SAWAIA, JOSEPHINE		2.2 NAME	Neil Pennywith		;	
STREET ADDRESS	4810 NORTH MILLER RD		2.3 STREET ADDRESS	1 **			
CITY-ST-ZIP	SCOTTSDALE AZ		2.4 CTTY-ST-ZIP	Newbury Park, CA 91320			
TITLE	S	⊠ DELETE	3.1 TITLE	Secretary	⊠ Change	Addition	
NAME	PENROD, WALTER		3.2 NAME	Alcesandra Nohr			
STREET ADDRESS	10825 ALABAMA AVENUE		3.3 STREET ADDRESS	10295 Collins Avenue, Ste 426N			
CITY-ST-ZIP	SUN CITY AZ		3.4. CITY-ST-ZIP	Bal Harbour, FL 33154		,	
TITLE '	CD	≥ DELETE	4.1 TITLE	Director	Change	☐ Addition	
NAME	VOG, WALLACE	•	4.2 NAME	Kelly Castillo			
STREET ADDRESS	6023 BEL FAY LANE		4.3 STREET ADDRESS	BALL BOOW WOODLENC	3.3		
CITY-ST-ZIP	AUSTIN TX		4.4 CITY-ST-ZIP	Mexandria, VA 22310			
TITLE	VD	DELETE	5.1 TITLE		Change	Addition	
NAME	DORAN, VINCE	Market and the	5.2 NAME				
STREET ADDRESS	325 LORLITA LANE		5.3 STREET ADDRESS	1			
	PITTSBURGH PA		5.4 City-ST-ZIP		A	·	
CITY-ST-ZIP	THIODORGHEA	☐ DELETE	6.1 TITLE	 			
		LI DELETE		w. i. ·	☐ Change	Addition	
NAME)		,	6.2 NAME			ļ	
STREET ADDRESS	_		6.3 STREET ADDRESS			ļ	
CITY ST. 7ID.		a .	64 CITY ST-ZIP	1	6.0		

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 indicated on this annual report or supplemental a officer or director of the corporation or the received block 12 or Block 13 if changed, or on an attach

SIGNATURE: