

FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006795 (5)

1. Corporation Name

REMINGTON UNIVERSITY, INC.



Principal Place of Business 12773 FOREST HILL BLVD., STE. 1201 WELLINGTON FL 33414	Mailing Address 12773 FOREST HILL BLVD., STE. 1201 WELLINGTON FL 33414
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3. Date Incorporated or Qualified 12/22/1997

4. FEI Number 73-1391434	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P DE GUZMAN, PEDRO <input type="checkbox"/> DELETE
NAME	12773 FOREST HILL BLVD., STE. 1201
STREET ADDRESS	WELLINGTON FL 33414
CITY-ST-ZIP	
TITLE	V ACRE, ROBERT <input type="checkbox"/> DELETE
NAME	7601 SCOTT HAMILTON DR.
STREET ADDRESS	LITTLE ROCK AR 72201-1700
CITY-ST-ZIP	
TITLE	S BARNETT, JERALD JR. <input type="checkbox"/> DELETE
NAME	500 E. MARKHAM, STE. 305
STREET ADDRESS	LITTLE ROCK AR 72201-1700
CITY-ST-ZIP	
TITLE	D FORREST, JACK <input type="checkbox"/> DELETE
NAME	9741 INTERNATIONAL CT.
STREET ADDRESS	ST. PETERSBURG FL 38716-4807
CITY-ST-ZIP	
TITLE	D BARNETT, JERALD SR. <input type="checkbox"/> DELETE
NAME	500 E. MARKHAM, STE. 305
STREET ADDRESS	LITTLE ROCK AR 72201-1700
CITY-ST-ZIP	
TITLE	D BARNETT, JERALD JR. <input type="checkbox"/> DELETE
NAME	500 E. MARKHAM, STE. 305
STREET ADDRESS	LITTLE ROCK AR 72201-1700
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* 2-20-98 (501570-384)

CR2E037 (10/97)