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Secretary of State

05-24-1999 90025 044 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000004387					
1. Corporation Name NATIONAL INSTITUTE FOR TELECOMMUNICATIONS EDUCATION CORP.					
Principal Place of Business 688 G. MILITARY TR. DEERFIELD BEACH FL 33442			Mailing Address 688 G. MILITARY TR. DEERFIELD BEACH FL 33442		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 2501 Davie Rd. Suite, Apt. #, etc. 22 Suite 230 City & State 23 Davie, FL Zip Country 24 33317 25 US		2a. Mailing Address 26 2501 Davie Rd. Suite, Apt. #, etc. 27 Suite 230 City & State 28 Davie, FL Zip Country 29 33317 30 US		3. Date Incorporated or Qualified 08/03/1998 4. FEI Number 65-0796356 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent WINE, WILLIAM P 688 G. MILITARY TR. DEERFIELD BEACH FL 33442			10. Name and Address of New Registered Agent 81 Name Paul Mitchell 82 Street Address (P.O. Box Number is Not Acceptable) 2501 Davie Rd. 83 Suite 230 84 City Davie FL 85 Zip Code 33317		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE [Signature] DATE 6-4-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-nesting)</small>					
12. OFFICERS AND DIRECTORS TITLE CCEO <input type="checkbox"/> DELETE NAME KRAVITZ, PAUL B. STREET ADDRESS 4320 NW 101 DR. CITY-ST-ZIP CORAL SPRINGS FL 33065 TITLE CP <input type="checkbox"/> DELETE NAME LOUNSBURY, WYAN C STREET ADDRESS 4929 NW 1 WAY CITY-ST-ZIP CORAL SPRINGS FL 33076 TITLE DCFO <input checked="" type="checkbox"/> DELETE NAME WINE, WILLIAM P STREET ADDRESS 6735 CANARY PALM CIRCLE CITY-ST-ZIP BOCA RATON FL 33433 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Paul Kravitz 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 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: **[Signature]**

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)