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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 MAY -1 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G34107** (4)

1. Corporation Name

FLORIDA ACADEMIC ENTERPRISES, INC.



Principal Place of Business

**4517 N.W. 31ST AVE.
FT. LAUDERDALE FL 33309**

Mailing Address

**4517 N.W. 31ST AVE.
FT. LAUDERDALE FL 33309**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**CHIRAS, DAVID L. P.A.
4517 N.W. 31ST AVE.
FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified
03/22/1983

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0175303

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE
NAME **WEISSMAN, MICHAEL**
STREET ADDRESS **4517 N.W. 31ST AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PTD** ☐ DELETE
NAME **WEISSMAN, RICHARD S.**
STREET ADDRESS **4517 N.W. 31ST AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **SD** ☐ DELETE
NAME **WEISSMAN, LINDA**
STREET ADDRESS **4517 N.W. 31ST AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **VD** ☐ DELETE
NAME **VITELLO, LISA**
STREET ADDRESS **4517 N.W. 31ST AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

300001803883

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

305-7300332

Date

Daytime Phone #

CR2E034 (12/95)