## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** May 04 1998 8:00am PROFIT ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name J79319 NATIONAL TEACHER ASSOCIATES OF FLORIDA, INC. Principal Place of Business Mailing Address 5220 SPRING VALLEY RD., #400 5220 SPRING VALLEY RD., #400 DALLAS TX 75240 DALLAS TX 75240 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1987 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 75-2189425 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NRAI SERVICES, INC. 526 E. PARK AVE. Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 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 reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE ELLARD, BILL J. NAME 1.2 NAME 5220 SPRG. VALLEY RD 400 STREET ADDRESS 1.3 STREET ADDRESS DALLAS TX CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change TITLE 2.1 TITLE Addition MARTIN, RAYMOND J. 2.2 NAME 5220 SPRG. VALLEY RD 400 STREET ADDRESS 2.3 STREET ADDRESS **DALLAS TX** CITY-ST-ZIP 2. 4 CITY-ST-ZIP TSD DELETE TITLE 3.1 TITLE Change Addition LANGHAM, JAMES T. JR. NAME 3.2 NAME 5220 SPRG, VALLEY RD 400 STREET ADDRESS 3.3 STREET ADDRESS DALLAS TX CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. Thereby 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 suppliemental 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 the attachment with an address. (972) 386-7037

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP