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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

L00888

NATIONAL INSTITUTE FOR LEGAL EDUCATION, INC.

FILED Apr 22 1996 8:00 am Secretary of State



Principal Place P.O. BOX 8 BOCA RATO		Mailing Address P.O. BOX 81108 BOCA RATON F		3. Date Incorporated or Qualified	3a. Date of Jast 19995
2. Principal Pla	ice of Business	2a, Mailing Address		, ,	Applied For
21		26		4. FEI Number 175680	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	2.	5. Certificate of Status Desired	\$8.75 Additional
22	····	27		3. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
14	25	29	Country 30	8. This corporation has liability for in Florida Statutes Yes	
		of Current Registered Agent	30	10. Name and Address of New Re	
			81 Name	10, 110, 110	gistorea rigent
SALAMONE, CHRIS 4800 N. FEDERAL HWY X		: !	82 Street Ad	dress (P.O. Box Number is Not Acceptable	le l
SUITE					
BOCA RATON FL 33431		•	83		
BOOK	10x1014 1 £ 33731	-	84 City		FI 85 Zip Code
familiar with SIGNATUREs	of agent, or both, in the State, and accept the obligations signature, typed or printed name of regions.	ie of Florida. Such change was autr s of, Section 607,0505, Florida Stat stered agent and tide if applicable. CERS AND DIRECTORS	iorized by the corporation's bo	oration submits this statement for the purp lard of directors. I hereby accept the appoint accept the appoint accept the appoint red when reinstablings. ADDITIONS/CHANGES TO OFFIC	ntment as registered agent. I am
TITLE	SALAMONE, CHRIS	☐ DELETE	1. 1 TITLE		☐ Change ☐ Addition
NAME	4800 N. FEDERAL I		1.2 NAME		
STREET ADDRESS	BOCA RATON FL	TIOT COME 100-0	1.3 STREET ADDRESS		
CITY-ST-ZIP	DVS	E1 DELET	1.4 CITY - ST - ZIP		
NAME	SALAMONE, ANTHO	ONY DELETE	2. 1 TITLE		Change Addition
STREET ADDRESS	4800 N. FEDERAL		2.2 NAME		
CITY-ST-ZIP	BOCA RATON FL		2.3 STREET ADDRESS		
IILE	- VD	☐ DELETE	24 CHY-ST-ZIP 3 1 THLE		Change Addition
AME	LISNEK, PAUL, M		3 2 NAME		C change Nagition
TREET ADDRESS	320 W OAKDALE #	1302	3.3 STREET ADDRESS		
CITY-ST-ZIP	CHIGAGO IL		3.4 CITY-ST-ZIP		
FILE		DELETE	4.1 TITLE		Change Addition
IAME	I		4.2 NAME		
IREFT ADDRESS	:		4.3 STREET ADDRESS		
aty-st-zip			4.4 CITY - ST - 2IP		
ITLE		☐ DELETE	5. 1 TITLE		Change Addition
AME	:		5.2 NAME		
TREET ADDRESS	:	:	5 3 STREET ADDRESS		
ITY - ST - ZIP			5.4 CITY-ST-2IP		
ITLE		DELETE	6 1 TITLE		Change Addition
AME		:	6.2 NAME		
TREET ADDRESS	!	i	63 STHEET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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 open attachment with an address.

SIGNATURE: