

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 14 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L76754 (5)

1. Corporation Name

CONCORDE CAREER INSTITUTE, INC.

Principal Place of Business

% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

Mailing Address

% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/31/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

43-1555483

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

2. Principal Place of Business

21 164 W. Royal Palm Road

2a. Mailing Address

26 P.O. Box 26610

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Boca Raton, FL

27 City & State

28 Kansas City, MO

24 Zip Country
33432 USA

29 Zip Country
64196 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DEGUZMAN, PEDRO C
STREET ADDRESS	2133 SEMINOLE RD #6
CITY-ST-ZIP	ATLANTIC BCH FL
TITLE	S
NAME	GOODSON, MELISSA A
STREET ADDRESS	FT 1 BOX 23
CITY-ST-ZIP	RAYVILLE MO
TITLE	T
NAME	KARWOSKI, JUNE E
STREET ADDRESS	4105 NE ANTIOCH
CITY-ST-ZIP	KANSAS CITY MO
TITLE	D
NAME	NICHOLS, DAVID A.
STREET ADDRESS	240 ARAPAHOE
CITY-ST-ZIP	SHAWNEE KS
TITLE	VPD
NAME	VADOVICKY, PAUL J.
STREET ADDRESS	12744 OVERBROOK
CITY-ST-ZIP	LEAWOOD KS
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	A. Eugene Johnson	
1.3 STREET ADDRESS	1826 Teton	
1.4 CITY-ST-ZIP	Grapevine, TX 76051	
2.1 TITLE	S.	☒ Change ☐ Addition
2.2 NAME	Lisa M. Henak	
2.3 STREET ADDRESS	405 N.W. 53rd St.	
2.4 CITY-ST-ZIP	Kansas City, MO 64118	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	DELETE	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	David A. Nichols	
4.3 STREET ADDRESS	411 W. 46th Terr.	
4.4 CITY-ST-ZIP	Kansas City, MO 64112	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	M. Gregg Gimlin	
5.3 STREET ADDRESS	8104 Overbrook Road	
5.4 CITY-ST-ZIP	Leawood, KS 66206	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lisa M. Henak Lisa M. Henak

3/6/95

816-474-8002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #