

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **L76754** (5)

1. Corporation Name

**CONCORDE CAREER INSTITUTE, INC.**

Principal Place of Business

**164 W ROYAL PALM ROAD  
8751 WEST BROWARD BLVD.  
BOCA RATON FL 33432  
US**

Mailing Address

**P O BOX 26610  
~~8751 WEST BROWARD BLVD.~~  
KANSAS CITY MO 64196  
US**



3. Date Incorporated or Qualified  
**05/31/1990**

3a. Date of Last Report  
**03/14/1995**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	<b>P.O. Box 26610</b>
22	City & State	27	Suite, Apt. #, etc.
23	Zip	28	<b>Kansas City MO</b>
24	Country	29	<b>64196</b>
25		30	<b>USA</b>

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, A. E</b>		1.2 NAME	
STREET ADDRESS	<b>1826 TETON</b>		1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>GRAPEVINE TX</b>		1.4 CITY- ST- ZIP	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANAK, LISA M</b>		2.2 NAME	
STREET ADDRESS	<b>405 N.W. 53RD ST</b>		2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>KANSAS CITY MO</b>		2.4 CITY- ST- ZIP	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICHOLS, DAVID A</b>		3.2 NAME	
STREET ADDRESS	<b>411 W 46TH TERR.</b>		3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>KANSAS CITY MO</b>		3.4 CITY- ST- ZIP	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIMLIN, M. G</b>		4.2 NAME	
STREET ADDRESS	<b>8104 OVERBROOK ROAD</b>		4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>LEAWOOD KS</b>		4.4 CITY- ST- ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY- ST- ZIP			5.4 CITY- ST- ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY- ST- ZIP			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 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:

*Lisa M. Hanak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

*2/10/96*  
DATE

*816-474-8002*  
DAYTIME PHONE #

CR2E034 (12/95)