FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N21382

(9)

THE STUDENT HELP AND ASSISTANCE PROGRAM IN EDUCA

FILED

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SECHERRY OF STATE TALLAHASINE FLORIDA



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	ce of Business	Mailing Address		I ABONINDI DIN 11801 LIBON LIIDI INNIN INNI DININ	IZII BIDII QIQII BIQII XIBII IBDI
\$15 EAST LAS OLAS BLVD STE. 1500 515 EAST LAS OLAS BLVD STE. 1500			/D., STE, 1500	3. Date Incorporated or Qualified	
FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301)1	06/30/1987	
				4. FEI Number	Applied For
A B '				65-0016668	Not Applicable
-	Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt.	#.etc.	26 Suite, Apt. #, etc.		C. Flavilla Connection Flavority	Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	te	City & State		7. Is this nonprofit corporation a homeowner	
23		28		☐ Yes 🕽	
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	9. Name and Address of Curren	29 t Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes XX No
	51 TIME CONTROL OF CONTROL	Triogration Agent	81 Name	TO. Hame and Address of New Hagisterso	Watt
RROGAN	N, FRANCIS B JR.				
515 EAST LAS OLAS BLVD., STE. 1500 FT. LAUDERDALE FL 33301			82 Street Add	Idress (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
44 5				FL	_ -
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE .	Signature, typed or printed name of registered agen	nt and title if applicable. (NO	TE: Registered Agent signature requi	ired when reinstating) DATE	···
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12
TIPLE	PD	DELETE	1.1 TITLE		
		LL OCCCIO	////		L Change Addition
NAME	KELLY, VINCENT T.	LJ Octobe	1.2 NAME		L_I Change L_I Addition
STREET ADDRESS	4595 BAYVIEW DR.		1.2 NAME 1.3 STREET ADDRESS		L. Change L. Addition
STREET ADDRESS CITY-ST-ZIP	4595 BAYVIEW DR. FT. LAUDERDALE FL		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE	4595 BAYVIEW DR. FT. LAUDERDALE FL VSD	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	4595 BAYVIEW DR. FT. LAUDERDALE FL VSD BIENES, DIANNE K		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	300002427	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	4595 BAYVIEW DR. FT. LAUDERDALE FL VSD		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	300002427 -02/11/980	□ Change □ Addition 5535 1045003
REET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	4595 BAYVIEW DR. FT. LAUDERDALE FL VSD BIENES, DIANNE K 141 BAY COLONY DRIVE FT. LAUDERDALE FL TD		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	300002427 -02/11/980 *****61.25	☐ Change ☐ Addition
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14. I hereby 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charges, or on an attachment with an address.