


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90117 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24273

1. Corporation Name

CHILDREN'S INTERNATIONAL EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

3475 WOOLBRIGHT RD
BOYNTON BEACH FL 33436
US

Mailing Address

3475 WOOLBRIGHT RD
BOYNTON BCH FL 33436
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/11/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0039138	
24 Country		29 Country		5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

MICHAEL, NORMAN J
3475 WOOLBRIGHT RD
BOYNTON BCH FL 33436

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 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 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, NORMAN J	1.2 NAME	
STREET ADDRESS	10460 PRESTWICK RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, ELISHKA E	2.2 NAME	
STREET ADDRESS	10460 PRESTWICK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, ESTHER	3.2 NAME	
STREET ADDRESS	1467 SW 25TH PLACE	3.3 STREET ADDRESS	3475 WOOLBRIGHT ROAD
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN J MICHAEL, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 561/733-4353

Date

Daytime Phone #

CR2E037 (11/98)