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FILED  
Feb 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N45379 (7)  
Corporation Name  
**AFTER SCHOOL PROGRAMS INC.**



Principal Place of Business: 7540 SOUTHGATE BLVD. NORTH LAUDERDALE FL 33068  
Mailing Address: 7540 SOUTHGATE BLVD. NORTH LAUDERDALE FL 33068

3. Date Incorporated or Qualified: 09/30/1991  
4. FEI Number: 65-0321678  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State. 23 Zip Country. 24  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State. 28 Zip Country. 29

9. Name and Address of Current Registered Agent  
WOLNEK ALAN  
7540 SOUTHGATE BLVD  
NORTH LAUDERDALE FL 33068

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLNEK, ALAN	
STREET ADDRESS	7540 SOUTHGATE BLVDD	
CITY-ST-ZIP	NORTH LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COHN, ALLAN	
STREET ADDRESS	26 SAGAMORE WAY SO.	
CITY-ST-ZIP	JERICO NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SKOLNICK, MICHAEL	
STREET ADDRESS	8205 SW 23RD CT	
CITY-ST-ZIP	N LAUDERDALE FL	
TITLE	<i>[Signature]</i>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D CUTLER, ANN
4.3 STREET ADDRESS	9433 Riverside Dr.
4.4 CITY-ST-ZIP	Coral Springs, FL 33071
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *[Signature]* Alan Wolnek 1/21/98 954970-6700

CR2E037 (10/97)