


FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N46675 (7)</b>		
1. Corporation Name <b>FLORIDA ASSOCIATION FOR TECHNICAL AND INDUSTRIAL EDUCATION, INC.</b>		
Principal Place of Business <b>SOUTH FORK HIGH SCHOOL 10205 PRATT &amp; WHITNEY RD. STUART FL 34997</b>	Mailing Address <b>SOUTH FORK HIGH SCHOOL 10205 PRATT &amp; WHITNEY RD. STUART FL 34997-2702</b>	



2. Principal Place of Business <b>21 TIM W. MAXWELL</b>		2a. Mailing Address <b>26 1533 SW DYCUS AVE</b>		3. Date Incorporated or Qualified <b>01/01/1992</b>	3a. Date of Last Report <b>05/20/1996</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3100454</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
City & State <b>23 PORT ST. LUCIE, FL</b>		City & State <b>28 PORT ST. LUCIE, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 34953</b>	Country <b>25 ST. LUCIE</b>	Zip <b>29 34953</b>	Country <b>30 ST. LUCIE</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>MAXWELL, TIM 10205 PRATT &amp; WHITNEY RD. STUART FL 34997</b>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				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 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: *Tim W. Maxwell*, **TIM W. MAXWELL, PRESIDENT** **3-18-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MAXWELL, TIM</b>		1.2 NAME <b>MAXWELL, TIM</b>	
STREET ADDRESS <b>10205 PRATT &amp; WHITNEY RD.</b>		1.3 STREET ADDRESS <b>1533 SW DYCUS AVE</b>	
CITY-ST-ZIP <b>STUART FL 34997</b>		1.4 CITY-ST-ZIP <b>PORT ST. LUCIE, FL 34953</b>	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DITTY, JERRY</b>		2.2 NAME <b>YONGUE, FRANK</b>	
STREET ADDRESS <b>301 4TH STREET, S.W.</b>		2.3 STREET ADDRESS <b>1591 NE 95TH ST</b>	
CITY-ST-ZIP <b>LARGO FL</b>		2.4 CITY-ST-ZIP <b>ANTHONY, FL 32617</b>	
TITLE <b>DSTM</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MAXWELL, SANDRA</b>		3.2 NAME	
STREET ADDRESS <b>1533 SW DYCUS AVENUE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PORT ST LUCIE FL 34953</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>LUCASSEN, JOHNNIE</b>		4.2 NAME	
STREET ADDRESS <b>C/O GEORGE STONE VOC. TECH CENTER</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>PENSACOLA FL 32507</b>		4.4 CITY-ST-ZIP	
TITLE <b>DIRECTOR</b>	<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 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: *Tim W. Maxwell*, **TIM W. MAXWELL, PRESIDENT 3-18-97 (S6) 287-9810**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072276

CR2E037 (9/96)