

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000005063 (3)

1. Corporation Name

FLORIDA BUSINESS EDUCATION ASSOCIATION, INC.

Principal Place of Business

7231 HIAWASSEE OAK DR.
ORLANDO FL 32818

Mailing Address

7231 HIAWASSEE OAK DR.
ORLANDO FL 32818-6361



3. Date Incorporated or Qualified
12/06/1993

3a. Date of Last Report
04/11/1996

2. Principal Place of Business

21. 3900 Country Line Road

Suite, Apt. #, etc.
22. # 27A

23. Tequesta, FL

Zip
24. 33469

Country
25. USA

2a. Mailing Address

26. 3900 Country Line Road

Suite, Apt. #, etc.
27. # 27A

28. Tequesta, FL

Zip
29. 33469

Country
30. USA

4. FEI Number
59-3216974

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

ALLEN, CYNTHIA
7231 HIAWASSEE OAK DR.
1
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81. Name J. Michael Woods
82. Street Address (P.O. Box Number is Not Acceptable)
3900 Country Line Road, # 27A
83.
84. City Tequesta FL 85. Zip Code 33469

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 *J. Michael Woods* J. Michael Woods, Treasurer 4/14/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D
NAME CALE HUBB, VIRGINIA
STREET ADDRESS 11701 NW 14 COURT
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE D
NAME BARNWELL, MARGARET
STREET ADDRESS 1065 GLENHAM DE.
CITY-ST-ZIP PALM BAY FL 32905

TITLE D
NAME ROTHE, RUTH
STREET ADDRESS 2220 HICKORY RIDGE DR.
CITY-ST-ZIP VALRICO FL 33594

TITLE D
NAME RAMNANAM, GLORIA
STREET ADDRESS 18550 SW 132 ND AVE.
CITY-ST-ZIP MIAMI FL 32818

TITLE D
NAME ALLEN, CYNTHIA
STREET ADDRESS 7231 HIAWASSEE OAK DRIVE
CITY-ST-ZIP ORLANDO FL 32818

TITLE D
NAME WILSON, YVONNE
STREET ADDRESS 501 N WOODROW WILSON
CITY-ST-ZIP PLANT CITY FL 33567

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D
3.2 NAME Mallinson, Linda
3.3 STREET ADDRESS Orlando Tech.
3.4 CITY-ST-ZIP 381 West Amelia Street 32801

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 *J. Michael Woods* J. Michael Woods, Treasurer 4/14/97 561-743-
5758

CR2E037 (9/96)