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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 # N95000002176

1. Corporation Name

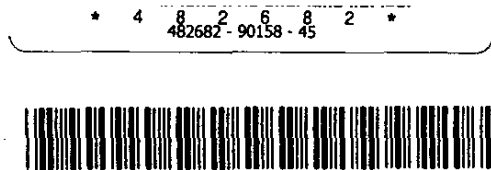
FLORIDA ASSOCIATION FOR COMPUTERS IN EDUCATION, INC.

Principal Place of Business

Mailing Address

698 ALEIDA DRIVE
ST. AUGUSTINE FL 32086

698 ALEIDA DRIVE
ST. AUGUSTINE FL 32086



| | | | | | |
|--------------------------------|-----------------|---------------------|-----------------|-----------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | 4444 SW 72 TERR | 26 | 4444 SW 72 TERR | 05/01/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | DAVIE FL | 27 | DAVIE FL | 59-3298325 | |
| City & State | | City & State | | Applied For | |
| 23 | 33314 USA | 28 | 33314 USA | Not Applicable | |
| Zip Country | | Zip Country | | 5. Certificate of Status Desired | |
| 24 | | 29 | | X \$8.75 Additional Fee Required | |
| 25 | | 30 | | 6. Election Campaign Financing | |
| | | | | Trust Fund Contribution | |
| | | | | X \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMMS, LOTTIE
4444 SW 72 TERR
DAVIE FL 33314

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

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 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 | PD HUTCHINS, CATHERINE A | 1.1 TITLE | D RICHARD REECE |
| NAME | 698 ALEIDA DRIVE | 1.2 NAME | 4911 TYLER ST |
| STREET ADDRESS | ST. AUGUSTINE FL 32086 | 1.3 STREET ADDRESS | Hollywood, FL 33021 |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | P MARTIN, SUZANNE | 2.1 TITLE | |
| NAME | 5790 TWISTED OAK CT | 2.2 NAME | |
| STREET ADDRESS | PACE FL 32571 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | PD HAYES, LINDA | 3.1 TITLE | |
| NAME | 3666 CHRISTMAS PALM PL | 3.2 NAME | |
| STREET ADDRESS | OVIEDO FL 32765 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | TD SIMMS, LOTTIE J | 4.1 TITLE | |
| NAME | 4444 SW 72 TERRACE | 4.2 NAME | |
| STREET ADDRESS | DAVIE FL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | D ORTEGA, JORGE | 5.1 TITLE | |
| NAME | 3087 JUSTICE LANE | 5.2 NAME | |
| STREET ADDRESS | TALLAHASSEE FL 32301 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | S PARKER, NANCY | 6.1 TITLE | S LUCIANO COSSI |
| NAME | 825 QUAIL DR | 6.2 NAME | 140 NW 191 ST. |
| STREET ADDRESS | PUNTA GORDA FL 33982 | 6.3 STREET ADDRESS | MIAMI, FL 33169 |
| 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:

Lottie G. Simms
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TREASURER

4-30-99

305-556-0045

Date

Daytime Phone #

CR2E037 (11/98)