


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90129 007 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000002522</b>					
1. Corporation Name <b>NORTH BROWARD PREPARATORY SCHOOLS FOUNDATION, INC.</b>					
Principal Place of Business 1600 WEST COMMERCIAL BLVD. FT. LAUDERDALE FL 33309			Mailing Address 1600 WEST COMMERCIAL BLVD. FT. LAUDERDALE FL 33309		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/26/1995 4. FEI Number 65-0586105 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent <b>SPRUCE, WILLIAM D</b> <b>1600 W. COMMERCIAL BLVD.</b> <b>FT. LAUDERDALE FL 33309</b>				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 <b>FL</b>			
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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	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMILLO, JOHN M	1.2 NAME	CAMILLO, JOHN M.
STREET ADDRESS	1600 W. COMMERCIAL BLVD.	1.3 STREET ADDRESS	221 W. OAKLAND PARK BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRUCE, WILLIAM D	2.2 NAME	SPRUCE, WILLIAM D.
STREET ADDRESS	1600 W. COMMERCIAL BLVD.	2.3 STREET ADDRESS	1600 W. COMMERCIAL BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAMAN, PHILIP E	3.2 NAME	MORGAMAN, PHILIP E.
STREET ADDRESS	1600 W. COMMERCIAL BLVD.	3.3 STREET ADDRESS	1600 W. COMMERCIAL BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	STEPHENSON, MARK
STREET ADDRESS		4.3 STREET ADDRESS	1600 W. COMMERCIAL BLVD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D/V/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GARDNER, DEBORAH S.
STREET ADDRESS		5.3 STREET ADDRESS	1600 W. COMMERCIAL BLVD.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	NICHOLS, NEAL
STREET ADDRESS		6.3 STREET ADDRESS	3251 WASHINGTON BLVD.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ARLINGTON, VA. 22201

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

NORTH BROWARD PREPARATORY SCHOOLS FOUNDATION, INC.

ADDITIONAL DIRECTOR:

Title: D  
Name: David B. Zugman  
Street Address: 4875 N. Federal Hwy.  
City-St-Zip: Ft. Lauderdale, Fla. 33308

N95000002522

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