


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90091 008 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N95000003331</b>					
1. Corporation Name <b>ACADEMY OF BUSINESS AND COMMERCE, INC.</b>					
Principal Place of Business <b>1512 E BROWARD BLVD STE 201</b> <b>FT LAUDERDALE FL 33301</b>			Mailing Address <b>1512 E BROWARD BLVD STE 201</b> <b>FT LAUDERDALE FL 33301</b>		



2. Principal Place of Business 21 <b>1760 S.E. 10<sup>th</sup> STREET</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>1760 S.E. 10<sup>th</sup> STREET</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>07/10/1995</b>	
22. City & State <b>Fort Lauderdale, FL</b>		27. City & State <b>Fort Lauderdale, FL</b>		4. FEI Number <b>65-0603754</b>	
23. Zip <b>33316</b>		28. Zip <b>33316</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Country <b>USA</b>		29. Country <b>USA</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>MCCRORY, J W</b> <b>1512 E BROWARD BLVD SUITE 200</b> <b>FT LAUDERDALE FL 33301</b>			10. Name and Address of New Registered Agent 81 Name <b>EDWARD R. ALLEN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1760 S.E. 10<sup>th</sup> STREET</b> 83 84 City <b>Fort Lauderdale</b> FL 85 Zip Code <b>33316</b>		

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  DATE **MAR 15, 1999**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PDS</b> NAME <b>ALLEN, EDWARD R.</b> STREET ADDRESS <b>1512 E BROWARD BLVD STE 201</b> CITY-ST-ZIP <b>FT LAUDERDALE FL 33301</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PDS</b> 1.2 NAME <b>ALLEN, EDWARD R.</b> 1.3 STREET ADDRESS <b>1760 SE 10<sup>th</sup> STREET</b> 1.4 CITY-ST-ZIP <b>Fort Lauderdale FL 33316</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>HUIZENGA, MARTI</b> STREET ADDRESS <b>516 MOLA AVE</b> CITY-ST-ZIP <b>FT LAUDERDALE FL 33301</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>MOSS, BOB L</b> STREET ADDRESS <b>6300 NW 5TH WAY</b> CITY-ST-ZIP <b>FT LAUDERDALE FL 33309</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAR 15, 1999**

Date

Daytime Phone #

**954-524-479**

CR2E037 (11/98)