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May 03, 1999 8:00 am
Secretary of State

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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 # N95000005277

1. Corporation Name

FOUNDATION FOR COMPUTER EDUCATION, INC.

Principal Place of Business

14120 OLD DIXIE HIGHWAY
 HUDSON FL 34667
 US

Mailing Address

14120 OLD DIXIE HIGHWAY
 HUDSON FL 34667
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/07/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3347453	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

MITCHELL, THOMAS W JR.
 533 MAIN STREET ~~533 MAIN STREET~~
 NEW PORT RICHEY FL 34652
~~PORT~~

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	533 MAIN STREET
83		
84	City	NEW PORT RICHEY FL
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

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 checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT + DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POULIN, ED	1.2 NAME	FRANK S. FISCHER
STREET ADDRESS	10410 TAMI TRAIL	1.3 STREET ADDRESS	9400 LAKE CHRISTINA LANE
CITY-ST-ZIP	HUDSON FL 34667	1.4 CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT + DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, SCOTT	2.2 NAME	
STREET ADDRESS	1064 FLORIAN WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TREASURER + DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, THOMAS	3.2 NAME	FRANK MOTTOGA
STREET ADDRESS	5332 MAIN STREET	3.3 STREET ADDRESS	6424 JUNIPER ROAD
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	3.4 CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SECRETARY + DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALE, DONALD C.	4.2 NAME	RICHARD NICNOLS
STREET ADDRESS	5246 S.R. 54	4.3 STREET ADDRESS	8119 ROXBORO DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	HUDSON, FL 34667
TITLE	<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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 727-869-8471
 Date Daytime Phone #

CR2E037 (1/98)