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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002011 (2)

1. Corporation Name

FLORIDA EDUCATIONAL TECHNOLOGY CORPORATION



Principal Place of Business	Mailing Address
2852 REMINGTON GREEN CIRCLE 8TE 203 TALLAHASSEE FL 32308 US	POST OFFICE BOX 13468 TALLAHASSEE FL 32317-468 US

3. Date Incorporated or Qualified	04/15/1996
4. FEI Number	59-3388610
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2121 Killarney Way	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite E	27
City & State	City & State
23 Tallahassee, FL	28
Zip	Country
24 32308	25 US
29	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EASON, D. MICHAEL 704 DUPARC CIRCLE TALLAHASSEE FL 32312	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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	PD	1.1 TITLE	
NAME	EASON, D. MICHAEL	1.2 NAME	
STREET ADDRESS	704 DUPARC CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BEDFORD, ROBERT	2.2 NAME	
STREET ADDRESS	PL 08 OF THE CAPITOL BLDG.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32399	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	BLANCH, HELEN	3.2 NAME	
STREET ADDRESS	13660 SW 100TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	ORTEGA, JORGE	4.2 NAME	
STREET ADDRESS	2757 W. PENSACOLA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BRITTAIN, DAVID	5.2 NAME	
STREET ADDRESS	2425 TORREYA DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	FREEMAN, LAURIA	6.2 NAME	
STREET ADDRESS	6312 PICKNEY HILL ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	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.

SIGNATURE:

Michael Eason

Michael Eason

6/15/98 850-894 3810

CR2E037 (10/97)