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FILED
Aug 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003010 (3)

1. Corporation Name

THE INSTITUTE FOR TECHNOLOGICAL EDUCATION, INC.



Principal Place of Business 719 MAGELLON DRIVE SARASOTA FL 34243	Mailing Address 719 MAGELLON DRIVE SARASOTA FL 34243-1010
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3. Date Incorporated or Qualified 06/03/1996	3a. Date of Last Report INITIAL
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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	4. FEI Number X Applied For Not Applicable	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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CANNATA, GAETANO
6809 26TH AT. W.
BRADENTON FL 34207**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	PRESIDENT
STREET ADDRESS		1.3 STREET ADDRESS	DOUGLAS OSMOND
CITY-ST-ZIP		1.4 CITY-ST-ZIP	6060 34TH ST W. BRADENTON, FL 34210
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	VICE PRESIDENT
STREET ADDRESS		2.3 STREET ADDRESS	PETER CHANNELL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	1330 CUMBERLAND RD VENICE, FLA 34293
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	SECRETARY
STREET ADDRESS		3.3 STREET ADDRESS	DAVID UMLOR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	1250 43RD ST SARASOTA, FLA 34234
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	TREASURER
STREET ADDRESS		4.3 STREET ADDRESS	BETSY PAPPAS
CITY-ST-ZIP		4.4 CITY-ST-ZIP	351 MICHAEL ENGLER DR OSPREY, FLA 34224
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	DIRECTOR
STREET ADDRESS		5.3 STREET ADDRESS	MARTIN D. ZAMIR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	215 W. 88TH ST NT NT 10024
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	DIRECTOR
STREET ADDRESS		6.3 STREET ADDRESS	GEORGE MAYER
CITY-ST-ZIP		6.4 CITY-ST-ZIP	13 NAUTICAL WATCH FROGMORE, SC 29920

14. I do 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:

[Signature]

I, WILBERT GAGEN, BY/DIR, AUGUST

CR2E037 (9/96)