FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700005577 (8)

CSE PARENT/TEACHER RESOURCE GROUP, INC.

FILED May 19 1998 8:00am Secretary of State

4/20/00

Principal Plac	e of Business	Mailing Address					
110 SE 6TH STREET		110 SE 6TH STREET	•				
15TH FLOOR	NCE (15TH FLOOR	· · · · ·			3. Date Incorporated or Qualified	
FORT LAUDERDALE FL 33301 FORT LAUDERD.			ALE FL 33301			10/02/1997 4. FEI Number Applie	
						Not Appli	
2. Principal P	lace of Business	2a. Mailing Address				C	
21 26			<u> </u>			5. Certificate of Status Desired Fee Required	
Suite, Apt. #, etc.						6. Election Campaign Financing \$5.00 May Be	,
22 City & State		City & State				Trust Fund Contribution Added to Fees	
23	Ð	28				7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	,
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent	
				81	Name	· · · · · · · · · · · · · · · · · · ·	
	JEFFREY S			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
C/O TRIF							
	BTH STREET, 15TH FLOOR			83			
FORT LA	NUDERDALE FL 33301			84	City	85 Zip Code	
	1	00 017 1500 Firste 01-11		Ш		poration submits this statement for the purpose of changing its regis	
office of r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 617.0503, Flo	uthorize orida Stat	d by tutes.	the corporal	tion's board of directors. I hereby accept the appointment as registe	red
SIGNATURE	Signature, typed or confest name of against ad ag	ent and title if applicable (NOT)	Registered	d Aged	d signature requi	red when reinstating) DATE	
12.		ID DIRECTORS	13.		- og mare redan	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	D	DELETE	1.1 10	TLE	-	☐ Change ☐ A	dditior
NAME	WOOD, JEFFREY S		1.2 NA	AME			
STREET ADDRESS	110 SE 6TH STREET, 15TH FLOOR		1.3 ST	1.3 STREET ADDRESS			
CITY-ST-ZIP		ORT LAUDERDALE FL 33301			- 2IP		
TITLE	D	☐ DELETE	2.1 TI	TLE		Change A	ddition
NAME	CASTRO, SANDY		2.2 NA	-			
STREET ADDRESS	7905 NW 19TH COURT				ADDRESS		
CITY-ST-ZIP TITLE	MARGATE FL 33063	DELETE	2. 4 C	ITY-ST	T-ZIP	Change A	ddition
NAME	d Tunnage, gabrielle		3.1 III			Citaliga L. A	UUNIO
STREET ADDRESS	3420 NW 40TH COURT				ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL 333	09		ITY-\$1	1		
TITLE	BADELIDILE D'ILEO I E 000	☐ DELETE	4.1 10		<u> </u>	Change A	ddition
NAME			4. 2 N	IAME			
STREET ADDRESS			4.3 ST	TREET A	ADORESS		
CITY-ST-ZIP			4.4 CI	TY-ST	- ZIP		
TITLE		DELETE	5.1 TI	TLE		Change A	ddition
NAME			5.2 NA	AME			
STREET ADDRESS			5.3 ST	reet a	address		
CITY-ST-ZIP		□ DELETE		TY-ST	- ZIP	T About	al al (e) -
TITLE		☐ DEL é te	6.1 T(1			Change A	ddillon
NAME			6.2 NA				
STREET ADDRESS					AODRESS		
CITY-ST-ZIP	edify that the information supplied	with this filing does not qualify for	6.4 Cll	TY-ST	ion stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the Inform	ation
indicated officer or i	on this annual report or supplement	al annual report is true and acc eiver or trustee empowered to e echnoot with an address	urate and	d thal	t my signatu	re shall have the same legal effect as if made under oath; that I am uired by Chapter 617, Florida Statutes; and that my name appears i	an