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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005577

1. Corporation Name

CSE PARENT/TEACHER RESOURCE GROUP, INC.

Principal Place of Business

110 SE 6TH STREET
15TH FLOOR
FORT LAUDERDALE FL 33301

Mailing Address

110 SE 6TH STREET
15TH FLOOR
FORT LAUDERDALE FL 33301



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/02/1997

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WOOD, JEFFREY S
C/O TRIPP, SCOTT, CONKLIN & SMITH
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

TITLE D
NAME WOOD, JEFFREY S
STREET ADDRESS 110 SE 6TH STREET, 15TH FLOOR
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE D & Treasurer
NAME CASTRO, SANDY
STREET ADDRESS 7905 NW 19TH COURT
CITY-ST-ZIP MARGATE FL 33063

TITLE D
NAME TUNNAGE, GABRIELLE
STREET ADDRESS 3420 NW 40TH COURT
CITY-ST-ZIP LAUDERDALE LAKES FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Yashica Davis
1.3 STREET ADDRESS 2205 N.W. 55th Terrace
1.4 CITY-ST-ZIP Lauderhill, FL 33313

2.1 TITLE Secretary
2.2 NAME Joanne Blackwell
2.3 STREET ADDRESS 3571 N.W. 85th Way, #303
2.4 CITY-ST-ZIP Sunrise, FL 33351

3.1 TITLE Vice President
3.2 NAME Michael Stahl
3.3 STREET ADDRESS 1723 Rodman Street
3.4 CITY-ST-ZIP Hollywood, FL 33020

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Date

954 760 4935

Daytime Phone #

CR2E037 (1/1998)