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Apr 29, 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 # N97000005795

1. Corporation Name

AMERITECH INSTITUTE FOR CAREER EDUCATION, INC.

Principal Place of Business

4300 10TH AVENUE NORTH
 SUITE 3
 LAKE WORTH FL 33461
 US

Mailing Address

P.O. BOX 5658
 LAKE WORTH FL 33461
 US



2. Principal Place of Business 21 165 US Highway 27 S Suite, Apt. #, etc. 22 City & State 23 South Bay, FL Zip Country 24 33493 25 USA		2a. Mailing Address 26 PO Box 900 Suite, Apt. #, etc. 27 City & State 28 South Bay, FL Zip Country 29 33493 30 USA		3. Date Incorporated or Qualified 10/14/1997 4. FEI Number 65-0816502 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, JACK D
 4300 10TH AVENUE NORTH
 SUITE 3
 LAKE WORTH FL 33461

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	165 US Highway 27 South
83	
84 City	South Bay
85 Zip Code	FL 33493

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 type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, SUE E	1.2 NAME	Jones, George E.
STREET ADDRESS	6176 GRAND CYPRESS CIRCLE	1.3 STREET ADDRESS	6439 Felton Court
CITY-ST-ZIP	LAKE WORTH FL 33463	1.4 CITY-ST-ZIP	Charlotte, NC 28277
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, JACK D	2.2 NAME	Jones, Clare
STREET ADDRESS	6176 GRAND CYPRESS CIRCLE	2.3 STREET ADDRESS	9801 Leaf Arbor Lane
CITY-ST-ZIP	LAKE WORTH FL 33463	2.4 CITY-ST-ZIP	Charlotte, NC 28277
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROVENZALE, PHILIP DR	3.2 NAME	
STREET ADDRESS	1381 EAST MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL 33467	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROVENZALE, CHRISTINE DR	4.2 NAME	
STREET ADDRESS	1381 EAST MAIN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL 33467	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGAN, LOUISE	5.2 NAME	
STREET ADDRESS	55 MAPLE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BANGOR ME 04401	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREZNEN-ALEXANDRO, BARBARA	6.2 NAME	
STREET ADDRESS	7059 DAVIT CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	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: *Jack D. Jones* **SIGNATURE REQUIRED** Director 4/26/99 (561) 996-5007
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)