03031999-90053-036-$61.25-$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State
03-03-1999 90053 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000002788

1. Corporation Name
PROFESSIONAL CAREER INSTITUTE OF FLORIDA, INCORP ORATED

* 5 4 1 0 5 8 *
541058 - 90305 - 26

Principal Place of Business	Mailing Address
3015 - 46TH AVENUE NORTH ST. PETERSBURG FL 33714	3015 - 46TH AVENUE NORTH ST. PETERSBURG FL 33714

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/15/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 593531917 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FINK, DIANA
3015 - 46TH AVENUE NORTH
ST. PETERSBURG FL 33714

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 Diana Fink 1/12/99
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	VSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FILIDES, FRITZIE		1.2 NAME	
STREET ADDRESS	POST OFFICE BOX 60069 3015 46 Ave N		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33784		1.4 CITY-ST-ZIP	
TITLE	PD D1	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FINK, DIANA		2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 60069 3015 46 Ave N		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33784		2.4 CITY-ST-ZIP	
TITLE	VTD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JORDAN, DERRICK		3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 60069		3.3 STREET ADDRESS	← Delete
CITY-ST-ZIP	ST. PETERSBURG FL 33784		3.4 CITY-ST-ZIP	
TITLE	B.J. Fink Director	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS	P.O. Box 60069		4.3 STREET ADDRESS	
CITY-ST-ZIP	St Petersburg, FL 33784		4.4 CITY-ST-ZIP	
TITLE	3015 46 Ave No	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: DIANA FINK 1/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #