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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # PO300013947

| 1. Corporation | ATIONAL UNIVERSITY PRES | | | | | | | | |
|--|--|---|--|--|--|---|------------------|--------------------------|-------------------------------------|
| Principal Place | e of Business | Mailing A | ddress | | | | | | |
| 220 COMMERCIAL BLVD. 220 COMMERCIAL BLVD. | | | | | | | | • | |
| LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA FL 3 | | | | L 33308 | | DO NOT W | RITE IN THIS | SPACE | |
| | | | | | | 3. Date Incorporated or Qualife | | 017.02 | |
| | | | | | | 02/17/1993 | | | |
| a Principal P | lace of Business | 2a, Mailin | ng Address | | | 4. FEI Number | | Apr | olied For |
| - ii ' | Same | 26 | Carre | | | 65-0390561 | | | Applicable |
| Suite, Apt. | # etc | | Apt. #, etc. | | | | | \$8.75 A | |
| 22 | W, 010. | 27 | | | | 5. Certifcate of Status Desired | | Fee Red | quired |
| City & Stat | e | | & State ~ | | - | 6. Election Campaign Financin | 9 🗖 | \$5:00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | 9 🗆 | Added to | Fees |
| Zip | Country | Zip | | Country | | 8. This corporation owes the co | irrent year Inta | ngible | |
| 24 | 25 | 29 | 30 | D | | Personal Property Tax. | | Yes | □No |
| | 9. Name and Address of Curren | it Registered / | Agent | | | 10. Name and Address of Nev | v Registered / | Agent | |
| | | | | 81 | Name | | | | |
| | .e, Louis | | | 82 | Street An | dress (P.O. Box Number is Not Acce | ptable) | | |
| | COMMERCIAL BLVD. | | | " | Queen Ac | adicoo (i .o. box italibbi ib itotyioo | , | | |
| LAUI | Derdale by the SEA FL 33308 | 3 | | 83 | | | | | |
| | | | | | 0 | | | 85 Zip C | 'odo |
| | | | | 84 | City | | FL | 1 } | ì |
| 44 Dureuant | to the provisions of Sections 607.050 | 2 and 607 150 | 2 Elorida Statutae | the above | e-named co | propration submits this statement for t | he purpose of | changing its i | registerea |
| office or r agent. I a | egistered agent, or both, in the State im familiar with, and accept the obliga | of Florida, Suc | on 607.0505, Florida | a Statutes | ine corpora | ation's board of directors, Thereby ad- | cept the appoin | ntment as reg | jistered |
| office or r | registered agent, or both, in the State im familiar with, and accept the obliga Signature, typed or printed name of registered agen | of Florida. Suc ations of, Section | on 607.0505, Florida | a Statutes | ine corpora | uired when reinstating) | DATE DATE | ignerit as reg | |
| office or r agent. I a SIGNATURE | registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AN | of Florida. Suc ations of, Section | on 607.0505, Florida le. (NOTE: Re | a Statutes | ine corpora | ation's board of directors, Thereby ad- | DATE DATE | D DIRECTO | RS IN 12 |
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| office or r agent. I a SIGNATURE | registered agent, or both, in the State im familiar with, and accept the obligated Signature, typed or printed name of registered agent OFFICERS AN DIELE, LOUIS | of Florida. Suc ations of, Section | on 607.0505, Florida le. (NOTE: Re | a Statutes sgistered Agen 13. 1.1 TITLE 1.2 NAME | nt signature requ | uired when reinstating) | DATE DATE | D DIRECTO | RS IN 12 |
| office or r agent. I a SIGNATURE 12. | egistered agent, or both, in the State im familiar with, and accept the obligation of the obligation o | of Florida, Suc ations of, Section and title if applicate ID DIRECTOR: | on 607.0505, Florida le. (NOTE: Re | a Statutes sgistered Agen 13. 1.1 TITLE 12 NAME 1.3 STREET | it signature requ | uired when reinstating) | DATE DATE | D DIRECTO | RS IN 12 |
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS