FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 05 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000044109 (5)

COMPUTERS IN EDUCATION SERVICES CORPORATION

1700 N DIXIE HWY STE 139 BOCA RATON FL 33432		1700 N DIXIE HWY STE 139 BOCA RATON FL 334 32		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1993		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26			65-0421672	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	h		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Countr 30	у		Yes No
9, Name and Address of Current Registered Agent 81 Nam				Name	10. Name and Address of New Registered	Agent
1	GGLE, WILLIAM G		8	Name		
1700 N DIXIE HWY STE 139			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	CA RATON FL 33432		83			
			84	City	E1	85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it approach to. (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PTD	☐ DELET				Change Addition
NAME	TUGGLE, WILLIAM G		1.2 NAME			
STREET ADDRESS	261 NW 46 ST BOCA RATON FL 33431		•	T ADDRESS		
CITY-ST-ZIP TITLE	VS	DELET	1.4 CITY- TE 2.1 TITLE	SI-ZIP		Change Addition
NAME	STUART, GRACELYN V	breat - sale.	2.2 NAME			
STREET ADDRESS	261 NW 46 ST		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		2. 4 CITY	i i		
TITLE		DELE1	TE 3.1 TITLE			Change Addition
NAME			3.2 NAME		•	
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP		Dec 5	3.4. CITY	ST-ZIP		1 1 60
TITLE		☐ DELEI				Change Addition
NAME ATTRET ADDRESS	1 -		4. 2 NAM			
STREET ADDRESS			4.3 SINEE	T ADDRESS		
CITY-ST-ZIP TITLE		DELET		31-ZIP		Change Addition
NAME	-		5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		j
CITÝ-ST-ZIP			5.4 CitY-	ST-ZIP		
TITLE		DELET				Change Addition
NAME			6.2 NAME			ļ
STREET ADDRESS			6.3 STREE	T ADDRESS		

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 on an attachment with an address.

4/20198

561-395-5959