

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000017176 (6)

1. Corporation Name

COMPUTER EDUCATION INTERNATIONAL, INC.



Principal Place of Business

754 NW 101 TERR  
PLANTATION FL 33324

Mailing Address

754 NW 101 TERR  
PLANTATION FL 33324

3. Date Incorporated or Qualified  
03/04/1994

3a. Date of Last Report  
06/13/1995

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEMEDINGER, LAUREN  
754 NW 101 TERR  
PLANTATION FL 33324

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 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 of officer or director of corporation or registered agent and for application

Signature of Registered Agent or person in charge of the state office

DATE

4/29/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME TO  
STREET ADDRESS HEMEDINGER, LAUREN  
CITY-STATE-ZIP 754 NW 101 TERR  
PLANTATION FL 33324

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition  
2. NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition  
3. NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition  
4. NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition  
5. NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition  
6. NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

984-476-2354

CR2E034 (12/95)