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95 MAY -1 PM 2: 56

CORPORATION ANNUAL REPORT 1995



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044154 (0)
1. Corporation Name
**THE OPEN UNIVERSITY GRADUATE SCHOOL OF BUSINESS
ADMINISTRATION & ENTREPRENEURSHIP, INC.**

Principal Place of Business: **24 S ORANGE AVE ORLANDO FL 32801**
Mailing Address: **24 S ORANGE AVE ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/08/1994**
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 255 S. Orange Ave.	26 255 S. Orange Ave.	59-3253793	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 6th Floor	27 6th Floor	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Orlando, FL	28 Orlando, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 32801	29 32801	7. This corporation has liability for intangible tax under S 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
PINO, LAURENCE J 24 S ORANGE AVE ORLANDO FL 32801	<table border="1"> <tr><td>B1</td><td>Name</td></tr> <tr><td>B2</td><td>Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>B3</td><td></td></tr> <tr><td>B4</td><td>City</td></tr> <tr><td>B5</td><td>Zip Code</td></tr> </table>	B1	Name	B2	Street Address (P.O. Box Number is Not Acceptable)	B3		B4	City	B5	Zip Code
B1	Name										
B2	Street Address (P.O. Box Number is Not Acceptable)										
B3											
B4	City										
B5	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 registered agent and the corporation)

(Signature of registered agent and the corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D P T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINO, LAURENCE J	1.2 NAME	PINO, LAURENCE
STREET ADDRESS	24 S ORANGE AVE	1.3 STREET ADDRESS	255 S. Orange Ave., 6th Floor
CITY ST ZIP	ORLANDO FL 32801	1.4 CITY ST ZIP	Orlando, FL 32801
TITLE		2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	WILSON, PATRICIA T.
STREET ADDRESS		2.3 STREET ADDRESS	255 S. Orange Avenue, 6th Floor
CITY ST ZIP		2.4 CITY ST ZIP	Orlando, FL 32801
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 the 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
Patricia T. Wilson, Secretary

4/25/95 407-425-7831