FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047586 (0)

1. Current Name
BROWARD ASSOCIATION OF CAREER SCHOOLS, INC.

Principal Address
5453 NORTH UNIVERSITY DR.
SUNRISE FL 33351

Mailing Address
5453 NORTH UNIVERSITY DR
SUNRISE FL 33351

3. Date of Last Report: 06/24/1994
3a. Date of Last Report

2. Name of Corporation
21
2a. Mailing Address
26

4. FEI Number: X Applied For / Not Applicable

22 City, State, Zip
27 Suite, Apt. #

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

23 City, State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 25 29 30

8. Does corporation conduct business under a fictitious name in Florida? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. The street address of the registered office and the name of the registered agent of the corporation are as shown below. The corporation agrees to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	HELLER, NEAL
STREET ADDRESS	5453 NORTH UNIVERSITY DR.
CITY ST ZIP	SUNRISE FL 33304
TITLE	VS
NAME	CROCITTO, PETER
STREET ADDRESS	5453 NORTH UNIVERSITY DR.
CITY ST ZIP	SUNRISE FL 33304

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY ST ZIP

14. The undersigned, being the President and the officer responsible for the corporate affairs, hereby acknowledges that I am familiar with the contents of this report and that the facts stated herein are true, and that I am an officer or director of the corporation or the person designated to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report. I am aware that the filing of this report with an incorrect or false statement with intent to deceive constitutes a felony of the third degree, punishable under Section 817.155, Florida Statutes.

SIGNATURE: PRESIDENT 4/15/95 305 742 8399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0230048 CP