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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000071597 (6)

1. Corporation Name

NATIONAL EDUCATION INSURANCE GROUP, INC.



Principal Place of Business

801 E HILLCREST STREET
ORLANDO FL 32801
US

Mailing Address

301 E HILLCREST STREET
ORLANDO FL 32801-1213
US

2. Principal Place of Business

21 207 N. MOSS RD

Suite, Apt. #, etc.

22 #207

City & State

23 WINTER SPRINGS

Zip

24 32708

Country

25 SENEGAL

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29

Country

30

3. Date Incorporated or Qualified

09/29/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3282898

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

9. Name and Address of Current Registered Agent

TILGHMAN, JOHN
301 E HILLCREST STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

JOHN TILGHMAN

82 Street Address (P.O. Box Number is Not Acceptable)

207 N. MOSS RD. #207

83

84 City

WINTER SPRINGS

FL

85 Zip Code

32708

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS
NAME MCGRATH, MARION
STREET ADDRESS 181 SHERIDAN AVE
CITY-ST-ZIP LONGWOOD FL

☒ DELETE

TITLE DP
NAME TILGHMAN, JOHN
STREET ADDRESS 301 E HILLCREST STREET
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE D
NAME ROSEN, ROBERT
STREET ADDRESS 5001 L. B. MCLEOD ROAD
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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, changed, or on an attachment with an address.

SIGNATURE

JOHN TILGHMAN 4/19/97 407-377-1344

CR2E034 (9/96)