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May 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 # P94000093376 (9)

1. Corporation Name
ADVANCED EDUCATION, INC.

Principal Place of Business
7863 PINES BLVD. STE. 432
PEMBROKE PINES FL 33024

Mailing Address
7863 PINES BLVD. STE. 432
PEMBROKE PINES FL 33024-8918



3. Date Incorporated or Qualified 01/01/1995
3a. Date of Last Report 03/15/1996

2. Principal Place of Business
21 8862 Pines Blvd
Suite, Apt. #, etc. Suite 836
City & State Pembroke Pines, FL
Zip 33024 Country
22 8862 Pines Blvd
Suite, Apt. #, etc. Suite 836
City & State Pembroke Pines, FL
Zip 33024 Country

4. FEI Number 65-0545601
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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
KLISTON, TODD W
8311 WEST BROWARD BLVD. STE. 375
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name HERRMANN, DON
82 Street Address (P.O. Box Number is Not Acceptable) 6902 DORAL
83
84 City NO. LAUDERDALE FL 85 Zip Code 33068

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] DATE 4/8/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE D
NAME HERRMAN, DON
STREET ADDRESS 6902 DORAL
CITY-ST-ZIP NO. LAUDERDALE FL 33068
TITLE D
NAME GEE, LEWIS T
STREET ADDRESS 340 NO. 69TH TERRACE
CITY-ST-ZIP HOLLYWOOD FL 33024
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] LEWIS T. Gee 5-26-97 954-894-0606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)