

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000004793 (2)

1. Corporation Name

STUDENT ASSISTANCE SERVICES, INC.



Principal Place of Business

Mailing Address

363 ROCK ISLAND ROAD  
BLDG. 7, UNIT 208  
MARGATE FL 33063

363 ROCK ISLAND ROAD  
BLDG. 7, UNIT 208  
MARGATE FL 33063

3. Date Incorporated or Qualified

01/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1868 N UNIVERSITY DR  
Suite, Apt. #, etc.

26 1868 N UNIVERSITY DR  
Suite, Apt. #, etc.

22 2002

27 2002

23 PLANTATION FLA  
City & State

28 PLANTATION FLA  
City & State

24 33322  
Zip Country

29 33322  
Zip Country

30 FLA

4. FEI Number

650559663

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

10. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

MICHAEL LUKASIEVICH

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

2400 E. COMMERCIAL BLVD. #720

83

84 City

PORT LAUDERDALE

FL

85 Zip Code

33308

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 reinstating)

4/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME MCGOVERN, DONALD  
STREET ADDRESS 363 ROCK ISLAND ROAD, BLDG. 7, UNIT 208  
CITY-ST-ZIP MARGATE FL 33063

1.1 TITLE V.P.  
1.2 NAME MCGOVERN, DONALD  
1.3 STREET ADDRESS 363 ROCK ISLAND ROAD, BLDG 7 UNIT 208  
1.4 CITY-ST-ZIP MARGATE, FL 33063

TITLE  
NAME FRED MARKOWITZ  
STREET ADDRESS 6211 SW 32 ST.  
CITY-ST-ZIP MIRAMAR FLA 33023

2.1 TITLE P  
2.2 NAME FRED MARKOWITZ  
2.3 STREET ADDRESS 6211 SW 32 ST.  
2.4 CITY-ST-ZIP MIRAMAR FLA 33023

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 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

4-10-96

954-452-8669

Date

Daytime Phone #

CR2E034 (12/95)