

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000034404 (0)

1. Corporation Name

NATIONAL EDUCATION PLANS OF AMERICA, INC.



Principal Place of Business

Mailing Address

14310 N DALE MABRY HIGHWAY
SUITE 100
TAMPA FL 33618

14310 N DALE MABRY HIGHWAY
SUITE 100
TAMPA FL 33618

3. Date Incorporated or Qualified
05/03/1995

3a. Date of Last Report
N/A

2. Principal Place of Business
21 100 N. TAMPA ST.

2a. Mailing Address
26 100 N. TAMPA ST.

4. FEI Number
65-0574352

Applied For
Not Applicable

Suite, Apt #, etc.
22 SUITE 2950

Suite, Apt #, etc.
27 SUITE 2950

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

City & State
23 TAMPA FL

City & State
28 TAMPA FL

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

Zip
24 33602

Country
25 U.S.

Zip
29 33602

Country
30 U.S.

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

FABRIZIO, ROBERT B
14310 N DALE MABRY HIGHWAY
SUITE 100
TAMPA FL 33618

81 Name

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

100 N. TAMPA ST, Suite 2950
TAMPA FL

83 City

FL

85 Zip Code

33602

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 (Type or print name of registered agent and then applicable)

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
FABRIZIO, ROBERT B
STREET ADDRESS 14310 N DALE MABRY HIGHWAY, SUITE 100
CITY - ST - ZIP TAMPA FL 33618

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS 100 N. TAMPA ST SUITE 2950
14 CITY - ST - ZIP TAMPA FL 33612

TITLE ☐ DELETE

NAME SD
CORYELL, DON R
STREET ADDRESS 14310 N DALE MABRY HIGHWAY, SUITE 100
CITY - ST - ZIP TAMPA FL 33618

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS 4218 FAIRWAY RUN
24 CITY - ST - ZIP TAMPA FL 33624

TITLE ☐ DELETE

NAME TD
MANNIX, WILLIAM
STREET ADDRESS 14310 N DALE MABRY HIGHWAY, SUITE 100
CITY - ST - ZIP TAMPA FL 33618

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS 100 N. TAMPA ST SUITE 2950
34 CITY - ST - ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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***200.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or as an attachment with an address.

SIGNATURE:

DON R. CORYELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-96

813-962-0951

CS 5/1/96

CR2E034 (3/96)