FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **P95000034404 (0)**

1. Corporation Name
NATIONAL EDUCATION PLANS OF AMERICA, INC.

Principal Place of Business	Mailing Address
1000 N. ASHLEY ST. SUITE 520 TAMPA FL 33602	4218 FAIRWAY RUN TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1995

2. Principal Place of Business
21 4830 W Kennedy Blvd
Suite, Apt. #, etc.
22 #590
City & State
23 Tampa FL
Zip 24 33609 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0574352 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FABRIZIO, ROBERT B
1000 N. ASHLEY ST.
SUITE 520
TAMPA FL 33602

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FABRIZIO, ROBERT B		1.2 NAME	FABRIZIO, ROBERT B.	
STREET ADDRESS	1000 N. ASHLEY ST. SUITE 520		1.3 STREET ADDRESS	4830 W. KENNEDY BLVD., SUITE 590	
CITY-ST-ZIP	TAMPA FL 33602		1.4 CITY-ST-ZIP	TAMPA, FL 33609-2562	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CORYELL, DON R		2.2 NAME	400002543494	
STREET ADDRESS	4218 FAIRWAY RUN		2.3 STREET ADDRESS	-06/02/98--01019--011	
CITY-ST-ZIP	TAMPA FL 33624		2.4 CITY-ST-ZIP	***37.50	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	MANNIX, WILLIAM		3.2 NAME	MANNIX, WILLIAM	
STREET ADDRESS	1000 N. ASHLEY ST. SUITE 520		3.3 STREET ADDRESS	4830 W. KENNEDY BLVD, SUITE 590	
CITY-ST-ZIP	TAMPA FL 33602		3.4 CITY-ST-ZIP	TAMPA, FL 33609-2562	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	400002543494	
STREET ADDRESS			4.3 STREET ADDRESS	-06/02/98--01019--010	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	***37.50	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	400002543494	
STREET ADDRESS			5.3 STREET ADDRESS	-06/02/98--01019--009	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***75.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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 _____ 813 DATE