PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # **P95000042989 (0)**

Corporation Name

NATIONAL SPECIAL NEEDS NETWORK, INC.

[redacted]

Principal Office Address
4300 N. UNIVERSITY DR., SUITE B-104
LAUDERHILL FL 33351

Mailing Address
4300 N. UNIVERSITY DR., SUITE B-104
LAUDERHILL FL 33351

Date Incorporated or Qualified: **05/25/1995**

Date of Last Report: 4/25/96

21 Principal Place of Business

22

23

24 Country: 25

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

FEI Number: **65-065 9925** ☐ Applied For ☐ Not Applicable

☐ Certificate of Status Desired ☐ **$8.75** Additional Fee Required

☐ **$5.00** May Be Added to Fees

This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

Name and Address of Current Registered Agent

COHN, L. JERRY
4300 N. UNIVERSITY DR., SUITE B-104
LAUDERHILL FL 33351

Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

Pursuant to the provisions of Sections 607.0501 and/or 617.1908, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, 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.

(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

D ☐ DELETE
COHN, L. JERRY
4300 N. UNIVERSITY DR., SUITE B-104
LAUDERHILL FL 33351

D ☐ DELETE
MINDE, JEFFREY H
4300 N. UNIVERSITY DR., SUITE B-104
LAUDERHILL FL 33351

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

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	900002185999	
6 3 STREET ADDRESS	-05/21/97--01007--026	
6 4 CITY-ST-ZIP	***165.00	

5/9/97

I 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)(i), Florida Statutes. I further certify that the information indicated on this 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 1B or Block 1C above, or on an attachment with an address.

SIGNATURE: L. Jerry Cohn 4/30/97 (954) 572-6620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

L. JERRY COHN