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FILED
Apr 14 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 # **P95000042989 (0)**

1. Corporation Name
**NATIONAL SPECIAL NEEDS NETWORK, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4300 N. UNIVERSITY DR., SUITE B-104<br>LAUDERHILL FL 33351 | 4300 N. UNIVERSITY DR., SUITE B-104<br>LAUDERHILL FL 33351 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1995

2. Principal Place of Business
21: 8041 W. McNab Road
22: Suite, Apt. #, etc.
23: Tamarac
Zip 24: 33321
Country 25: USA

2a. Mailing Address
26: 8041 W. McNab Road
27: Suite, Apt. #, etc.
28: Tamarac FL
Zip 29: 33321
Country 30: USA

4. FEI Number: 65-0659925 ☐ 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
COHN, L. JERRY
4300 N. UNIVERSITY DR., SUITE B-104
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent
81 Name: COHN, L. JERRY
82 Street Address (P.O. Box Number is Not Acceptable): 8041 W. MCNAB ROAD
83:
84 City: TAMARAC FL 85 Zip Code: 33321

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] DIRECTOR 4/7/98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | COHN, L. JERRY (D) | ☑ Change ☐ Addition |
| NAME | COHN, L. JERRY | | 1.2 NAME | | |
| STREET ADDRESS | 4300 N. UNIVERSITY DR., SUITE B-104 | | 1.3 STREET ADDRESS | 8041 W. MCNAB ROAD | |
| CITY-ST-ZIP | LAUDERHILL FL 33351 | | 1.4 CITY-ST-ZIP | TAMARAC FL 33321 | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | (D) | ☑ Change ☐ Addition |
| NAME | MINDE, JEFFREY H | | 2.2 NAME | MINDE, JEFFREY H. | |
| STREET ADDRESS | 4300 N. UNIVERSITY DR., SUITE B-104 | | 2.3 STREET ADDRESS | 8041 W. MCNAB ROAD | |
| CITY-ST-ZIP | LAUDERHILL FL 33351 | | 2.4 CITY-ST-ZIP | TAMARAC FL 33321 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| 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 | | |

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 added on an attachment with an address.

SIGNATURE: [signature] Director 4/7/98 (954)721-1020

CR2E034 (10/97)