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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000048082 (8)**

1. Corporation Name
IT'S ADCADEMIC, INC.

Principal Place of Business
~~4517 NW 31 AVE~~
~~FT LAUDERDALE FL 33309~~

Mailing Address
~~4517 NW 31 AVE~~
~~FT LAUDERDALE FL 33309-3403~~

3. Date Incorporated or Qualified: 06/16/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 621 NW 53rd St.
Suite, Apt. #, etc.
22 Suite 450
City & State
23 Boca Raton FL
Zip 24 33487 Country 25 Palm Beach

2a. Mailing Address
26 621 NW 53rd St.
Suite, Apt. #, etc.
27 Suite 450
City & State
28 Boca Raton FL
Zip 29 33487 Country 30 Palm Beach

4. FEI Number: 65-0624519 ☐ 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
~~WEISSMAN, MICHAEL~~
~~4517 NW 31 AVE~~
~~FT LAUDERDALE FL 33309~~

10. Name and Address of New Registered Agent
81 Name: NEESA B. Warlen
82 Street Address (P.O. Box Number is Not Acceptable): 621 NW 53rd St.
83 Suite 450
84 City: Boca Raton FL 85 Zip Code: 33487

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: Neesa Warlen — 4/3/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CSD	☐ DELETE
NAME	WEISSMAN, MICHAEL	
STREET ADDRESS	~~4517 NW 31 AVE~~	
CITY-ST-ZIP	~~FT LAUDERDALE FL 33309~~	
TITLE	PD	☐ DELETE
NAME	WEISSMAN, LINDA	
STREET ADDRESS	~~4517 NW 31 AVE~~	
CITY-ST-ZIP	~~FT LAUDERDALE FL 33309~~	
TITLE	~~PD~~	☒ DELETE
NAME	~~CHIRAS, DAVID L~~	
STREET ADDRESS	~~4517 NW 31 AVE~~	
CITY-ST-ZIP	~~FT LAUDERDALE FL 33309~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	621 NW 53rd Street Suite 450	
1.4 CITY-ST-ZIP	Boca Raton FL 33487	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	621 NW 53rd Street Suite 450	
2.4 CITY-ST-ZIP	Boca Raton FL 33487	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	OT	☐ Change ☒ Addition
4.2 NAME	Weissman Richard S.	
4.3 STREET ADDRESS	621 NW 53rd Street Ste 450	
4.4 CITY-ST-ZIP	Boca Raton FL 33487	
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	000002153130	
6.3 STREET ADDRESS	-04/24/97--01007--011	
6.4 CITY-ST-ZIP	***5445.00	

4/22/97

CR2E034 (9/96)

14. I do 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: [signature] — 4-10-97 — (561) 994-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard Weissman, President