

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000079438 (4)

1. Corporation Name

FLAGLER HI-TECH INSTITUTE, INC.



Principal Place of Business

Mailing Address

5 WILLARD DRIVE  
SUITE #664  
ST. AUGUSTINE FL 32086  
3100 US 1 SOUTH  
SUITE 3  
ST. AUGUSTINE  
FL 32086

2. Principal Place of Business

2a. Mailing Address

21 3100 U.S. 1 SOUTH  
Suite, Apt. #, etc.  
22 SUITE 3  
City & State  
23 ST. AUGUSTINE FL  
Zip Country  
24 32086 25 U.S.A.  
26 5 WILLARD DRIVE  
Suite, Apt. #, etc.  
27 SUITE 644  
City & State  
28 ST. AUGUSTINE FL  
Zip Country  
29 32086 30 USA

3. Date Incorporated or Qualified

10/13/1995

3a. Date of Last Report

N/A

4. FEI Number

59-3304231

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

10. Name and Address of New Registered Agent

BOMBALIER, ROGER  
5 WILLARD DRIVE  
SUITE #664  
ST. AUGUSTINE FL 32086

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	BOMBALIER, ROGER	41-B ATLANTIC OAKS CIRCLE	ST. AUGUSTINE FL 32084	<input type="checkbox"/>
D	WALDRON, AMY L	4221 WICKS BRANCH ROAD	ST. AUGUSTINE FL 32086	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER BOMBALIER (904) 471-7400

Date

Day Phone #

CR2E034 (12/95)