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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

• Sandyr B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000001133

National Education & Charity Funding, Inc.

Principal Place of Business

Mailing Address

150 N. Federal Hwy. Suite 230

Same

| l | Burce 230 | d' | | | | | | | | |
|----------|---|---------------|------------------|---------------------|-----------------------------------|--|--|---------------------------|-----------------------------------|--|
| | Fort Laud | derdale, Fl | 33301 | | 3. Date Incorporated or Qualified | 4 | ile of Last Report | | | |
| <u> </u> | | | | | | 01/04/1996 | | | I/A | |
| 2 | Principal Place of Busi | ness | 2a. Mailing A | 2a. Mailing Address | | | 4. FEI Number | | Applied For | |
| 21 | | | 26 | | | | 65-0639603 | | Not Applicable | |
| 22 | Suite, Apt. #, etc. | | Suite, Ap | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | ХX | \$8.75 Additional Fee Required | |
| 23 | City & State | | City & Str | City & State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| 24 | Zip | Country 25 | Zip 29 | 30 | untry | | This corporation has liability for in Florida Statutes | ntangible Yes f | | |
| | 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | |
| | milina tua | | | | | Name Adelstein, Steven | | | | |
| | Fil ⁱ ngs, Inc. 3732 N.W. 16th Street | | | | | | Street Address (P.O. Box Number is Not Acceptable) 624 West Tropical Way | | | |
| | | | | | 83 | | | | | |
| | | | | | | City P1 | antation | | 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.

| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | |
|---|--|----------------------|--|--|--|--|--|--|--|--|
| \$ IGNATURE | | EN ADEL | | | | | | | | |
| 12: | OFFICERS AND DIRECTORS | 13. | a required when reinafating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | | |
| TITLE | D JELETE | 1.1 TITLE | PD Change XX Addition | | | | | | | |
| NAME | Lieberman, David | 1.2 NAME | Adelstein, Steven | | | | | | | |
| STREET ADDRESS | 150 N. Federal Hwy., Ste 230 | 1.3 STREET ADDRESS | 150 N. Federal Hwy., Ste. 230 | | | | | | | |
| CITY-ST-ZIP | 150 N. Federal Hwy., Ste 230 Fort Lauderdale, FL 33301 | 1 4 CITY - ST- ZIP | Fort Lauderdale, FL 33301 | | | | | | | |
| TITLE | ☐ DELETE | 2 1 TITLE | Change Addition | | | | | | | |
| - NAME | | 2 2 NAME | | | | | | | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | 2. 4 CITY+ST-ZIP | | | | | | | | |
| TITLE | ☐ DELETE | 3 1 1176 | 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 | 7. | 4.3 STREET ADDRESS | | | | | | | | |
| CITY ST-ZIP | | 44 CITY-ST-ZIP | | | | | | | | |
| TITLE | DELETE | 5 1 TITLE | Change Addition | | | | | | | |
| NAME | | 5.2 NAME | | | | | | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | S 5/2 2/87 | | | | | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | 119977 | | | | | | | |
| TITLE | DELETE | 6.1 TITLE | ☐ Change ☐ Addition | | | | | | | |
| NAME | | 6.2 NAME | 900002202739 | | | | | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | -06/05/9701050008 | | | | | | | |
| CITY-ST-ZIP | r [°] | 6.4 City-St-ZiP | ***173.75 | | | | | | | |

I. I do hereby certify that the information supplied with this filling 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 one an attachment with an address.

SIGNATURE

STEVEN ADELSTEIN

4/24/97 954-463-6677

FILED

May 23 1997 8:00am

Secretary of State