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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000006340 (9)

NATIONAL LAUREATE ASSOCIATION, INC.



97 MAY -1 PM 12: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business		Mailing Address							
480 FRANK SHAW ROAD TALLAHASSEE FL 32312	480 FRANK SHAW ROA TALLAHASSEE FL \$231								
					<u>.</u>	3. Date Incorporated or Qualified 01/22/1996		ate of Last F	Report
2. Principal Place of Busine	}	2a. Mailing Address				4. FEI Number		¥	polied For
Suite, Apt #, etc		Suite, Apt. #, etc							ot Applicable Additional
22 27						6. Certificate of Status Desired Fee Required			
City & State [23]	City & State	City & State			6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees				
[23] Zip	Country 20	7 _I p	Co	untry		This corporation has liability for			
[24]	25 29 30		·			Florida Statutes Yes No			
9. Name a	nd Address of Current Reg	gistered Agent		81	Name	10. Name and Address of New Re	gistered	Agent	
GONZALEZ, LAY						70 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	,		
480 FRANK SHAW ROAD TALLAHASSEE FL 32312				82	Street Add	Idress (P.O. Box 10) (10) (10) (10) (10) (10) (10) (10)			
THE THE PROPERTY OF THE PROPER	COLOIL			83				******1	
		,		84	City	4.000			Code
				Щ		poration submits this statement for the p	FL		
agent Tam familiar with SIGNATURE	of, or both till the state of right, and accept the obligations pools to be appeared agent and	s of, Section 607.0505, (Florida Sta	tutes	<u>.</u>	tion's board of directors. I hereby acception's board of directors. I hereby acception is a second of the second o	DATE	Johnnen as	registered
12.	OFFICERS AND DIF		13,			ADDITIONS/CHANGES TO OFFIC	ERS AN		
THE Preside	of Courselay	☐ DELETE	1.1 T					Change	Addition
NAME JOSON STREET ADDRESS 460 FM	B. Gonzalez ruk Show Road			IAMÉ TREET	ADDRESS				
CIN ST-ZIP Tallaha	ssee \$1 3231		1	ITY - S	1				
Title A		[] DELETE	2.1 T	ITLE				Change	Addition
Lawre	nce A. Gonzol -onk Show No. ssee, PC 3231	er		IAME					
SHREET ADURESS 480 F	work Show Kor	24 2-	1		ADDRESS				
CITY-SI-ZIP Lallebe	ssee, re sist	☐ DELETE	2. 4 3 1 7	CITY-S TILE	SI-ZIP			Change	Addition
NAME				IAME					
STREET ADDRESS			335	STREET	ADDRESS				
CITY: ST Zir					ST-ZIP				
TIFLE		☐ DELETE	L	TLE				Change	L Addition
CIPIL' NORDE DE				NAME STREET	ADDRESS				
STRUM ADDRESS . OTYLST 26				oincei City-S					
711116		☐ DELETE	5.1					☐ Change	Addition
NAME			5.21	NAME	1	^ .		•	
STREEL ADDRESS			- 1		ADORESS	Q.U.	11.0)	
Cliv SI-Viv		☐ DELETE		CITY-S	T-ZIP	עויוע	w	Channe	Addition
TITEE NAME		C Dereit		TITLE NAME		4	11/4	AT MINE	∟ Munition
NAME STREET ADORESS			- 1		ADDRESS	-	111	1 1	
CITY ST-20				CITY-S			,		
						17 6 C 446 67/0V) Frankli 60 C			

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: