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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000018265 (4)

1. Corporation Name

NATIONAL ACADEMY FOR CONTINUING EDUCATION, INC.

Principal Place of Business

639 E OCEAN AVE #102-309
BOYNTON BEACH FL 33435

Mailing Address #309

639 E OCEAN AVE #102
BOYNTON BEACH FL 33435-5012

3. Date Incorporated or Qualified

02/26/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

27 City & State

28 Zip

Country

4. FEI Number

65-0647957

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

COLLISTER, B. J.
639 E OCEAN AVE #102
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

639 OCEAN AVE - Suite 309

83

84 City

FL

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.

SIGNATURE

Patricia C. Kirkbride

Patricia C. Kirkbride

April 15 1997

12. OFFICERS AND DIRECTORS

TITLE D
NAME COLLISTER, B. J.
STREET ADDRESS 639 E OCEAN AVE #102
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE D
NAME KIRKBRIDE, PATRICIA
STREET ADDRESS 639 E OCEAN AVE #102
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Vice-President
2.2 NAME
2.3 STREET ADDRESS Suite 309
2.4 CITY-ST-ZIP

3.1 TITLE PRESIDENT
3.2 NAME HOWARD TRACKENBERG
3.3 STREET ADDRESS 1364 MANDARIN DRIVE
3.4 CITY-ST-ZIP BOCA RATON FL 33433

4.1 TITLE CHAIRMAN
4.2 NAME MICHAEL WEISSMAN
4.3 STREET ADDRESS 621 NW 53RD STREET-Suite 450
4.4 CITY-ST-ZIP BOCA RATON FL 33487

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Patricia C. Kirkbride

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1997 561.731-5306

Date

Daytime Phone #

0310000

CR2E034 (9/96)