

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

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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  
SUITE 309  
BOYNTON BEACH FL 33435  
US

Mailing Address  
639 E OCEAN AVE #102  
SUITE 309  
BOYNTON BEACH FL 33435  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 751 Park of Commerce Dr Suite, Apt. #, etc. 22 108 City & State 23 Boca Raton FL Zip 24 33487	2a. Mailing Address 26 751 Park of Commerce Dr Suite, Apt. #, etc. 27 108 City & State 28 Boca Raton FL Zip 29 33487 Country 30 Palm Bch.
--	--

3. Date Incorporated or Qualified 02/26/1996	4. FEI Number 65-0647957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <del>GOLLISTER, B. J.</del> <del>630 OCEAN AVE., SUITE 309</del> <del>BOYNTON BEACH FL 33435</del>	10. Name and Address of New Registered Agent B1 Name Neil Baritz, Esq. B2 Street Address (P.O. Box Number is Not Acceptable) 1515 N. FEDERAL STE 300 B3 B4 City Boca Raton FL B5 Zip Code 33432
---	--

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 Neil Baritz, Esq.  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP P TRACKTENBERG, HOWARD 7364 MANDARIN DRIVE BOCA RATON FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP KIRKBRIDE, PATRICIA 639 E OCEAN AVE., SUITE 309 BOYNTON BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 751 Park of Commerce Dr. Ste 108 Boca Raton FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP C WEISSMAN, MICHAEL 621 N.W. 53RD ST., SUITE 450 BOCA RATON FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 751 Park of Commerce Dr. Ste 108 Boca Raton FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: Michael Weissman - 11/5/98 311-995-6844

CR2E034 (10/97)