MAY

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **P96000064445 (5)**

1. Corporation Name
PALM BEACH VOCATIONAL INSTITUTE, INC.

Principal Place of Business	Mailing Address
639 EAST OCEAN AVE. SUITE 402 BOYNTON BEACH FL 33435	PO BOX 1577 BOYNTON BEACH FL 33425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1996

2. Principal Place of Business 21 6100 South Congress Ave 22 Suite, Apt. #, etc. 23 City & State: Lantana, FL. 24 Zip: 33462 25 Country: Palm Beach	2a. Mailing Address 26 P.O Box 1577 27 Suite, Apt. #, etc. 28 City & State: Boynton Beach FL. 29 Zip: 33425 30 Country: Palm Beach

4. FEI Number: 65-0707673 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KELLY, KAREN
639 EAST OCEAN AVE.
SUITE 302
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name: Thomas J. Woolley, Jr
82 Street Address (P.O. Box Number is Not Acceptable): 639 E. Ocean Ave, Suite 408
83
84 City: Boynton Beach FL 85 Zip Code: 33435

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 _____ 3/9/97 DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IIAMES, MICHAEL 656 NW 1ST AVE BOYNTON BEACH FL 33426	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORLEY, DEBORAH 639 EAST OCEAN AVE. S-402 BOYNTON BEACH FL 33435	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, KAREN 639 EAST OCEAN AVE. S-402 BOYNTON BEACH FL 33435	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 4/6/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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 Siemer Pres 2/11/98