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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075576

1. Corporation Name

WHITMAN EDUCATION GROUP, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90231 028 ***158.75



Principal Place of Business Mailing Address						I INDIIODI II II IDIII IDDII UDIII UDIII UDIII UDIII UDIII UDIII UDIII	(V) (MAN) P\$INI NII;	# 18010 DILF 1001
4400 BISCAYNE BLVD. 6TH FLOOR MIAMI FL 33137 4400 BISCAYNE BLVD. 6T MIAMI FL 33137			FLOOR			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						08/28/1997		}
Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For
21	26					22-2246554	N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc			j				\$8.75	Additional
22	27					5. Certificate of Status Desired	Fee R	Required
	City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23	28					Trust Fund Contribution	Added	to Fees
Zip	Country			ntry		(8.) This corporation owes the current year	Intangjole	
24	25 29 30					Personal Property Tax.	₩ Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Register	d Agent	
				81	Name			
SALZMAN, RICHARD B ESQ. 4400 BISCAYNE BLVD, 6TH FLOOR				82 Street Addr		Iress (P.O. Box Number is Not Acceptable)		
MIAI	MI FL 33137			83				
				-	0.4		. 85 Zip	Code
				84	City	F	L	Jour
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the al	bove	-named corp	poration submits this statement for the purpose	of changing its	s registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auf	horized	l bv t	ne comorai	ion's board of directors. I hereby accept the ap	ointment as re	agistered
	ili falfillat with, and accept the obliga	110/13 01, 00010/1 001.0000, 1 10/10	ia Olak	1100.			,	1
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	legistered	Agent	signature requir	ed when reinstating) DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	CEO	☐ DELETE	1.1 TIT	ſLE		•	☐ Change	☐ Addition
NAME	PFENNIGER, RICHARD C		1.2 NA	ME				
STREET ADDRESS	4400 BISCAYNE BLVD		1.3 STREE		ADDRESS		•	
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY-		- ZiP			
TITLE	P	☐ DELETE	2.1 TITLE			•	Change	☐ Addition
NAME	PROTO, RANDY S		2.2 NA	ME				,
STREET ADDRESS			2.3 ST	REET.	ADDRESS		• • •	
CITY-ST-ZIP	MIAMI FL 33137		2.4 CITY-ST-ZIP		r-ZIP			
TITLE			3.1 TII	ΠE			Change	☐ Addition
NAME	•		3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET	ADDRESS		÷	
CITY-ST-ZIP			3.4. CI	ΠY-Ş1	r- ZIP			
TITLE			4.1 TIT				Change	☐ Addition
NAME	SALZMAN, RICHARD B		4, 2 NAM		.			
STREET ADDRESS	AAAA DIOOANAIE DIND		4.3 STRE		ADDRESS	•	•	•
CITY-ST-ZIP			4.4 CI			_		
TITLE			_	3.1 TITLE		1444	Change	Addition
NAME			5.2 NA	WE				
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CI	TY-ST	- ZIP			•
TITLE		☐ DELETE	6.1 TIT	ΠE			Change	Addition
NAME .			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET	ADDRESS			
O INCEL ADDITION	i						1	

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, with all other like empowered.

SIGNATURE:

MININ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)575-6537