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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093496 (2)

THE ALLIANCE FOR TECHNOLOGY EDUCATION, INC.

FILED Feb 04 1998 8:00am Secretary of State



Principal Place of Business				Mailing Address						T TO BELLE BELLE ABOUT THE TIME TO THE BEAUTY ABOUT ABOUT ABOUT ABOUT THE TRANSPORT TH				
1001 YAMATO ROAD SUITE 301				1001 YAMATO ROAD SUITE 301					ļ					
BOCA RATON FL 33431				BOCA RATON FL 33431						DO NOT WRITE IN THIS SPACE				
										3. Date Incorporated or Qualified				
										10/30/1997				
2. Principal Pl	Т	2a. Mailing Address						4. FEI Number				pplied For		
21				26						65-07	95544			ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.								<b>k</b> 2	\$8.75	Additional
22			Ī	27					'	<ol><li>Certificate of State</li></ol>	atus Desireo	Man -	Fee R	beriupe
City & State				City & State						6. Election Campa	ign Financing		\$5.00	May Be
23			[	28						Trust Fund Cont	ribution		Added	to Fees
Zip	Country			Zip Coi			Country	1	1	8. This corporation	owes or has p	_		
24		25 29 30					Personal Properly Tax due June 30. Yes No						_] No	
	of Current R	Registered Agent						10. Name and Address of New Registered Agent						
CLY	NES, THO	MAS					81	Nam	ne					
		<b>ROAD SUIT</b>	E 301					Stree	Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33431										,	,			
							83							
							84	City			-		<b>85</b> Zip	Code
								City				FL	65   Zip	
11. Pursuant t	o the provisi	ions of Section	s 607 0502 ar	nd 607.150	8, Florida	Statutes,	the abov	e-name	ed corporat	tion submits this sta	atement for the	purpose of	changing i	its registered
office or re	egistered ag	ent, or both, in th, and accept	the State of F	∃lorida Suc	:h chang	e was aut	norized b	y the co	orporation's	s board of directors	s. I hereby acce	ept the app	ointment as	s registered
-6	** ***********************************	in, and booop.	ino obligano.	10 01, 0001			- Clottate							
SIGNATURE	Signature, typed	or print <b>ed na</b> me of r	egistered agent an	d tille il applica	ble.	ant signat	ture required wh			DATE		····		
12.		OFFI	CERS AND D	IRECTORS			13.			ADDITIONS/CHA	NGES TO OFF	ICERS AND		
TITLE					☐ DELETE		1.1 TITLE		D	· -10	- 00 0 5		Change	<b>∠X</b> •Addition
NAME (							1.2 NAME		101	-4 463, IN	1			
STREET ADDRESS					1.3 STF			ADDRES	is   100	Phynes. Thomas 1001 YA moto Rd. Bour Raton FL3343,				
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NAME							2.2 NAME							
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CITY-ST-ZIP							2. 4 CITY-	ST-ZIP						
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CITY-ST-ZIP							3.4. CITY-	ST - ZIP						
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NAME							4. 2 NAME							
STREET ADDRESS							4.3 STREE	ADDRESS	ss					
CITY-ST-ZIP							4.4 CITY-	37 - ZIP						
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NAME							5.2 NAME							
STREET ADDRESS							5.3 STREE	ADDRESS	is					
CITY-ST-ZIP							5.4 CITY-	it - ZIP						
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NAME							6.2 NAME							
STREET ADDRESS							6.3 STREE	ADDRESS	is		•			
CITY-ST-ZIP							6.4 CITY-5							
G11 01 E0									<del></del>	E 440 07/01/0 E	orido Ctatutas	16	-4'4 . 4b -4 4b .	- information

14. Thereby 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 frue 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 appears in the same legal effect as if made under oath; that I am an officer or Block 13 if changed, or on appears in the same legal effect as if made under oath; that I am an officer or Block 13 if changed, or on appears in the same legal effect as if made under oath; that I am an officer or Block 13 if changed, or on appears in the same legal effect as if made under oath; that I am an officer or Block 13 if changed.

CICNIATURE.

501-988-9449