

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

PROFIT
CORPORATION
ANNUAL REPORT



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

DOCUMENT # P97000105476

1. Corporation Name

FLORIDA ATLANTIC CAREER INSTITUTE, INC.

98 SEP -1 PM 2:30



Principal Place of Business 1309 1/2 Georgia Avenue
West Palm Beach, FL 33401
Mailing Address 1309 1/2 Georgia Avenue
West Palm Beach, FL 33401

3. Date incorporated or Qualified 12/15/97
3a. Date of Last Report
4. FEI Number 65-0808625
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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.
22. City & State 23. City & State
24. Zip 25. Country 26. Zip 27. Country

8. Name and Address of Current Registered Agent

Eddie Gbolumah
1309 Georgia Avenue
West Palm Beach, Florida 33401

10. Name and Address of New Registered Agent

81. Name Spiegel & Utrera, P.A., d/b/a AmeriLaw
82. Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue
83. City Coral Gables
84. FL 85. Zip Code 33134

11. Pursuant to the provisions of Sections 607.0302 and 607.1805, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with the provisions of Sections 607.0302 and 607.1805, Florida Statutes. I hereby accept the appointment as registered agent.

SIGNATURE BY: N. S. Marcelle, Jr.

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
PD	Adriane Marcelle	1600 39th Street	West Palm Beach, FL 33407	☐
VPD	Eddie Gbolumah	602 Riverside Drive	Green Acres, FL 33463	☐
SD	Debra Coney	225 North D Street	Lake Worth, FL 33460	☐
TD	N.S. Marcelle, Jr.	1600 39th Street	West Palm Beach, FL 33460	☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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: the 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 or changed, or on an attachment with an address.

SIGNATURE: N. S. Marcelle, Jr. N.S. Marcelle, Jr. 8/31/98 (800)603-3900