

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90096 018 ***150.00

DOCUMENT # P98000031301

1. Corporation Name

HEALTH CAREERS INSTITUTE INC.

Principal Place of Business

5637 BASIL DRIVE
WEST PALM BEACH FL 33415

Mailing Address

5637 BASIL DRIVE
WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1998

4. FEI Number

65-0826224

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 4047 OKEECHOBEE BLVD.

Suite, Apt. #, etc.

22 224

City & State

23 WEST PALM BEACH FL.

Zip

Country

24 33409

25 U.S.A.

2a. Mailing Address

26 4047 OKEECHOBEE BLVD.

Suite, Apt. #, etc.

27 224

City & State

28 WEST PALM BEACH FL.

Zip

Country

29 33409

30 U.S.A.

9. Name and Address of Current Registered Agent

GRANT, NATHALIE
5637 BASIL DRIVE
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME GRANT, NATHALIE
STREET ADDRESS 5637 BASIL DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME CLIVE GRANT
1.3 STREET ADDRESS 5637 BASIL DR.
1.4 CITY-ST-ZIP WEST PALM BEACH FL 33415

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME JOAN MATHESON
2.3 STREET ADDRESS 711 FOREST CLUB DRIVE APT. 106
2.4 CITY-ST-ZIP WASHINGTON FL 33414

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

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

4/2/99

561-615-9901
Daytime Phone #

CR2E034 (11/98)