

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

99 SEP 27 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000046877

1. Corporation Name
NT SCHOOL.COM INC.

Principal Place of Business

8390 STATE RD 84M SUITE #228
FT. LAUDERDALE FL 33324

Mailing Address

8390 STATE RD 84M SUITE #228
FT. LAUDERDALE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1998

4. FEI Number

65-0868062

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 the current year
Intangible Personal Property:

☐ Yes

☐ No

2 Principal Place of Business
21 300 NW 82nd Avenue

Suite, Apt. #, etc.

401

City & State

23 FT. LAUDERDALE

Zip

24 33324

Country

25 FLORIDA

2a. Mailing Address

26 300 NW 82nd Avenue

Suite, Apt. #, etc.

401

City & State

28 FT. LAUDERDALE

Zip

29 33324

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1186 OCEAN SHORE BLVD., SUITE 195
ORMOND BEACH FL 32178

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)

9/24/99

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D RUBENS, DON

9710 SW 15 DRIVE

DAVE FL 33324

D KAUFMAN, DAVID

8390 STATE RD. 84, SUITE #228

FT. LAUDERDALE FL 33324

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FT. LAUDERDALE FL 33324

D KAUFMAN, DAVID

8390 STATE RD. 84, SUITE #228

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

RON RUBENS

300 NW 82ND Ave #401

PLANTATION, FL 33324

DAVID KAUFMAN

300 NW 82ND Ave #401

PLANTATION, FL 33324

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-10/05/99--01078--020

***500.00 ***500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/99

Date

954-370-7583

Daytime Phone #

0127169

CR2E034 (5/99)