


FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90063 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000102640 1. Corporation Name NANA'S SCHOOLS, INC.		



Principal Place of Business 1250 E. HALLANDALE BEACH BLVD. #805 HALLANDALE FL 33009	Mailing Address 1250 E. HALLANDALE BEACH BLVD. #805 HALLANDALE FL 33009
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1010 S. Federal Hwy. Suite, Apt. #, etc.		2a. Mailing Address 28 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/07/1998	
22 City & State 23 Hallandale, FL		27 City & State 28		4. FEI Number 59-3552798 Applied For: Not Applicable	
24 Zip 33009		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 30		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent 81 Name ALVIN SHERMAN 82 Street Address (P.O. Box Number is Not Acceptable) 1250 E HALLANDALE BEACH BLVD 83 SUITE 805 84 City HALLANDALE 85 Zip Code FL 33009	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME AIKEN, MARIE STREET ADDRESS 1010 S. FEDERAL HIGHWAY CITY-ST-ZIP HALLANDALE FL 33009	<input type="checkbox"/> DELETE	1.1 TITLE VP 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME SHERMAN, JAYNE STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD. #805 CITY-ST-ZIP HALLANDALE FL 33009	<input type="checkbox"/> DELETE	2.1 TITLE P 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE S 3.2 NAME ALVIN SHERMAN 3.3 STREET ADDRESS 1250 E HALLANDALE BEACH BLVD #805 3.4 CITY-ST-ZIP HALLANDALE FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE T 4.2 NAME SUSAN HEMBD 4.3 STREET ADDRESS 1250 E HALLANDALE BEACH BLVD #805 4.4 CITY-ST-ZIP HALLANDALE FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/12/99

954-455-9000

CR2E034 (11/98)