

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S59296

(1)

1. Corporation Name

THE NATIONAL EDUCATIONAL FUNDING FOUNDATION, INC



Principal Place of Business

Mailing Address

1750 EAST COMMERCIAL BOULEVARD
SUITE 3
FORT LAUDERDALE FL 33334
US

1750 EAST COMMERCIAL BOULEVARD
SUITE 3
FORT LAUDERDALE FL 33334
US

3. Date Incorporated or Qualified
06/10/1991

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 4501 N.W. 103 AVE

26 4501 N.W. 103 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE #101

27 SUITE #101

City & State

City & State

23 SUNRISE, FL

28 SUNRISE, FL

Zip

Zip

Country

Country

24 33351

25 BROWARD

29 33351

30 BROWARD

4. FEI Number
65-0259264

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAIRMAN, CHARLES
1750 EAST COMMERCIAL BOULEVARD
SUITE 3
FORT LAUDERDALE FL 33334

81 Name
CHARLES FAIRMAN

82 Street Address (P.O. Box Number is Not Acceptable)
4501 N.W. 103 AVE

83 SUITE #101

84 City
SUNRISE

FL

85 Zip Code
33351

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)

(Typed) Registered Agent signature required when re-appointing

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
FAIRMAN, CHARLES
STREET ADDRESS
1750 EAST COMMERCIAL BOULEVARD, SUITE 3
CITY-ST-ZIP
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
FAIRMAN, DIANE
STREET ADDRESS
1750 EAST COMMERCIAL BOULEVARD, SUITE 3
CITY-ST-ZIP
FT. LAUDERDALE FL

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

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
4501 N.W. 103 AVE #101
SUNRISE, FL 33351

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
4501 N.W. 103 AVE #101
SUNRISE, FL 33351

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles Fairman*

CHARLES FAIRMAN

6-17-96 954-572-4144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date System Print

CR2E034 (3/96)