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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V20947

(0)

NEW CONCEPTS IN EDUCATION, INC.

Principal Place WINDSOR ACAI 8328 POWERLIN FT LAUDERDAL US  2. Principal Place 21 Suite, Apt a 22 Cdy & State 23 Zip	Mailing Address  10188 NW 1ST MNR CORAL SPRINGS FL 3307 US  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	T MNR IGS FL 33071-7372 ddress t. #, etc.			3. Date Incorporated or Qualified  03/13/1992  4. FEI Number  65-0330598  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for intangible tax under s. 199,032,	
24			30	111.3		Florida Statutes Yes No
	g. Name and Address of Curren		11			10. Name and Address of New Registered Agent
LANI	e, Kenneth			81	Name	
10186 N.W. 1ST MANOR				82 Street Address (P.O. Box Number is Not Acceptable)		
COR	IAL SPRINGS FL 33071		ļ	83		
				63		
			Ī	84	City	FL 85 Zip Code
office or re agent. Lai	to the provisions of Sections 607,056 egistered agent or both, in the State rinfamiliar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorized lorida Stati	d by utes	the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered e required when reinstating.  DATE
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	DELETE	1.1 TII	LE		Change Addition
NAME	LANE, PAMELA		1.2 NA	ME		(
STREET ACCRESS	10186 NW 1ST MANOR		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CI	TY-\$	T-21P	
TITLE	VS	☐ DELETE	2.1 10			Change Addition
NAME	LANE, KENNETH			2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS	10186 NW 1ST MANOR CORAL SPRINGS FL					
CITY - S1 - ZIP TITLE	COPAE OF MINOS I E	DELETE	2. 4 CI 3.1 TiT	_	1 - ZIP	Change Addition
NAME			3.2 NA			
STREET ADDRESS			1		ADDRESS	
CITY - ST - ZIP			3 4. CI	TY-5	SY-ZIP	
TITLE		DELETE	4.1 717	LE.		Change Addition
NÁME			4 2 N	AME		
STREET ADDRESS			4 3 ST	REET	address	
CITY -ST - ZIP			4.4 CT		T-ZIP	
TITLE		DELETE	5 1 TII			Change Addition
NAME			5 2 NA			
STREET ADDRESS			T T		ADDRESS	
CITY-ST-20P		DELETE	5.4 CI		T - ZIP	Change Addition
TITLE		F") ∩treit	6.1 TII 6.2 NA			Cronge [] Addition
NAME STOCET ANYHOLOS					ADDRESS	
STREET ADDRESS CITY-ST-2IP			6.4 CI			
14 I do heret	ov certify that the information supplie	ed Ah this filing does not qua	lify for the	AXA	motion s	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatio Lam an o	in indicated on this annual report or fficer or director of the collocation o n Block 12 or Block 13 if the iged, c	sup diemental annual report is r the receiver or trustee empo	true and a wered to a	xec xec	urate and cute this	d that my signature shall have the same legal effect as if made under oath; that report as required by Chapter 607. Florida Statutes; and that my name

NTED NAME OF SIGNING OFFICER OR DIRECTOR