

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

0127166

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

2 Principal Place of Business: 300 NW 82nd Avenue, Suite, Apt. #, etc. 401, FT. LAUDERDALE, FL 33324, BROWARD

2a. Mailing Address: 300 NW 82nd Avenue, Suite, Apt. #, etc. 401, FT. LAUDERDALE, FL 33324, BROWARD

3. Date Incorporated or Qualified: 05/26/1998

4. FEI Number: 65-0868062

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

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, 85 Zip Code FL

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: Ron Rubens, 9/24/99

12. OFFICERS AND DIRECTORS

1.1 TITLE: D, 1.2 NAME: RUBENS, DON, 1.3 STREET ADDRESS: 9710 SW 15 DRIVE, 1.4 CITY-ST-ZIP: DAVIE FL 33324

2.1 TITLE: D, 2.2 NAME: KAUFMAN, DAVID, 2.3 STREET ADDRESS: 8390 STATE RD. 84, SUITE #228, 2.4 CITY-ST-ZIP: FT. LAUDERDALE FL 33324

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Ron RUBENS, 1.2 NAME: Ron RUBENS, 1.3 STREET ADDRESS: 300 NW 82ND Ave # 401, 1.4 CITY-ST-ZIP: PLANTATION, FL 33324

2.1 TITLE: DAVID KAUFMAN, 2.2 NAME: DAVID KAUFMAN, 2.3 STREET ADDRESS: 300 NW 82nd Ave # 401, 2.4 CITY-ST-ZIP: PLANTATION, FL 33324

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\*\*\*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: Ron Rubens, 9/24/99, 954-370-7583

CR2E034 (5/99)