

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jan 24 1996 8:00 am
Secretary of State

DOCUMENT # **564592** (4)

1. Corporation Name
EDUCATIONAL COMMUNICATIONS, INC.



Principal Place of Business: **9240 S. W. 124 ST. MIAMI FL 33176**
Mailing Address: **9240 S. W. 124 ST. MIAMI FL 33176**

3. Date Incorporated or Qualified: **12/20/1977**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **59-1824606**
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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

**GROBARD, FRANCES
1418 MICHIGAN AVENUE
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name: **NATHAN FARBER**
82 Street Address (P.O. Box Number is Not Acceptable): **9240 S.W. 124 ST**
83 City: **MIAMI** FL 85 Zip Code: **33176**

11. Pursuant to the provisions of Sections 007.0502 and 007.1506, 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 007.0505, Florida Statutes.

SIGNATURE: *Nathan Farber*

1-20-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICE	PD	<input type="checkbox"/> DELETE	
NAME	FARBER, NATHAN		
STREET ADDRESS	9240 S.W. 124 STREET		
CITY, STATE, ZIP	MIAMI FL		
OFFICE	DV	<input checked="" type="checkbox"/> DELETE	
NAME	GROBARD, FRANCES		
STREET ADDRESS	1418 MICHIGAN AVE		
CITY, STATE, ZIP	MIAMI BEACH FL		
OFFICE	D	<input checked="" type="checkbox"/> DELETE	
NAME	FROST, IRIS		
STREET ADDRESS	1418 MICHIGAN AVENUE		
CITY, STATE, ZIP	MIAMI BEACH FL		
OFFICE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY, STATE, ZIP			
OFFICE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY, STATE, ZIP			

1. TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	BERNICE O. CONANT	
3. STREET ADDRESS	1811 PASSAIC AVE	
4. CITY, STATE, ZIP	FT MYERS, FL 33901	
5. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	JOHN F. CONANT	
7. STREET ADDRESS	1811 PASSAIC AVE	
8. CITY, STATE, ZIP	FT MYERS, FL 33901	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, STATE, 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 119.07(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. I am an officer or director of the corporation or the register or trustee or powerholder to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Nathan Farber, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NATHAN FARBER

1-20-96 365-281-5445

CR2E034 (12/95)