

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

FILED
Jan 22 1997 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 564592 (4)
 1. Corporation Name
EDUCATIONAL COMMUNICATIONS, INC.

Principal Place of Business Mailing Address
9240 S.W. 124 St. Miami, FL 33176 **9240 S.W. 124 St. Miami, FL 33176**

2. Principal Place of Business 2a. Mailing Address
 21 State And # etc. 26 Suite, Apt #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified **12/20/1977** 3a. Date of Last Report **01/24/96**
 4. FEI Number **59-1824606** 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
Nathan Farber
9240 S.W. 124 St
Miami, FL 33176

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 and accept the obligations of Section 607.0505, Florida Statutes.
 SIGNATURE: *Nathan Farber* **NATHAN FARBER** DATE: **1-14-97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Farber, Nathan	
STREET ADDRESS	9240 S.W. 124 St	
CITY-STATE-ZIP	Miami, FL 33176	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	Conant, Bernice	
STREET ADDRESS	1811 Passaic Ave	
CITY-STATE-ZIP	Ft. Myers, FL 33901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Conant, John F.	
STREET ADDRESS	1811 Passaic Ave.	
CITY-STATE-ZIP	Ft. Myers, FL 33901	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS "N 12"

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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*****165.00**

14. I do 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 included 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: *Nathan Farber* **NATHAN FARBER** DATE: **1/14/97** DISPLACE PREVIOUS: **305/251-5445**

CR2E034 (9/96)