

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 23 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 564592 (4)
 1. Corporation Name
EDUCATIONAL COMMUNICATIONS, INC.

Principal Place of Business 9240 SW 124TH STREET MIAMI FL 33176-5161	Mailing Address 9240 SW 124TH STREET MIAMI FL 33176-5161
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/20/1977	
2. Principal Place of Business 21	2a. Mailing Address 26
4. FEI Number 59-1824606	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FARBER, NATHAN 9240 SW 124TH STREET MIAMI FL 33176				10. Name and Address of New Registered Agent			
				81 Name	BERNICE O. CONANT		
				82 Street Address (P.O. Box Number is Not Acceptable)	9240 SW 124TH STREET		
				83			
				84 City	MIAMI,	85 State	FL
						Zip Code	33176

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 607.0805, Florida Statutes.

SIGNATURE Bernice O. Conant **Bernice O. Conant** **July 17, 1998**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARBER, NATHAN	1.2 NAME	
STREET ADDRESS	9240 SW 124TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONANT, BERNICE	2.2 NAME	CONANT, BERNICE
STREET ADDRESS	1811 PASSAIC AVE	2.3 STREET ADDRESS	1811 PASSAIC AVE
CITY-ST-ZIP	FT. MYERS FL 33901	2.4 CITY-ST-ZIP	FT MYERS FL 33901
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONANT, JOHN F	3.2 NAME	
STREET ADDRESS	1811 PASSAIC AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33901	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Bernice O. Conant **DV BERNICE CONANT** **July 17, 1998**

CR2E034 (5/98)