

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90078 013 ***150.00

DOCUMENT #

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**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/20/1977**
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 owes the current year Intangible Personal Property Tax: Yes No

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

9. Name and Address of Current Registered Agent
BERNICE O. CONANT
9240 SW 124TH STREET
MIAMI, FL 33176-5161

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**

I, 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|----|---|---|
| TITLE: <input type="checkbox"/> DELETE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: NATHAN FARBER | | 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: <input type="checkbox"/> DELETE | DV | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: BERNICE CONANT | | 2.2 NAME | |
| STREET ADDRESS: 9240 SW 124TH STREET | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP: MIAMI, FL 33176 | | 2.4 CITY-ST-ZIP | |
| TITLE: <input type="checkbox"/> DELETE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: JOHN F. CONANT | | 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, with all other like empowered

SIGNATURE: *Bernice Conant* DV **BERNICE CONANT** MARCH 31, 1999 (305) 251-5445
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)