


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90186 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003475

1. Corporation Name
ED. USA, INC.

Principal Place of Business PO BOX 224 PUNTA GORDA FL 33950 US	Mailing Address PO BOX 510224 PUNTA GORDA FL 33950 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5136 Calle Minorga Suite, Apt. #, etc. 22 City & State 23 Sarasota FL Zip Country 24 34242 25 Sarasota	2a. Mailing Address 26 5136 Calle Minorga Suite, Apt. #, etc. 27 City & State 28 Sarasota FL Zip Country 29 34242 30 Sarasota	3. Date Incorporated or Qualified 07/08/1996	4. FEI Number 36-4064638 Applied For 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent EZCURRA, ATHENE G 3831 TURTLE DOVE BLVD PUNTA GORDA FL 33950	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 816 Edgemere 83 84 City Sarasota 85 Zip Code FL 34242
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M <input type="checkbox"/> DELETE	1.1 TITLE	M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EZCURRA, ATHENE G	1.2 NAME	EZCURRA, ATHENE G.
STREET ADDRESS	3831 TURTLE DOVE BLVD	1.3 STREET ADDRESS	816 Edgemere
CITY-ST-ZIP	PUNTA GORDA FL 33950	1.4 CITY-ST-ZIP	Sarasota FL 34242
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EZCURRA, GERARD G	2.2 NAME	EZCURRA, GERARD
STREET ADDRESS	3831 TURTLE DOVE BLVD	2.3 STREET ADDRESS	816 Edgemere
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	Sarasota FL 34242
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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: EZCURRA DIRECTOR 20 APRIL (941) 3491000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)