

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G30681** (2)

1. Corporation Name
EDUCATIONAL SYMPOSIA, INC.



Principal Place of Business: ~~P O BOX 17241 TAMPA FL 33682-4241~~
Mailing Address: ~~P O BOX 17241 TAMPA FL 33682-4241~~

2. Principal Place of Business
21 **1527 S. Dale Mabry**
Suite, Apt. #, etc.
22
City & State
23 **Tampa FL**
Zip Country
24 **33629** 25
2a. Mailing Address
26 **1527 S. Dale Mabry**
Suite, Apt. #, etc.
27
City & State
28 **Tampa FL**
Zip Country
29 **33629** 30

3. Date Incorporated or Qualified: **03/28/1983**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2278642**
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
SIMMONS, SHERWIN P.
101 EAST KENNEDY BOULEVARD
SUITE 2700
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name: **Lawrence R. Muroff, M.D.**
82 Street Address (P.O. Box Number is Not Acceptable): **1527 S. Dale Mabry**
83
84 City: **Tampa** FL 85 Zip Code: **33629**

11. Pursuant to the provisions of Sections 607.0102 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 607.0102, Florida Statutes.

SIGNATURE: *[Signature]*
Signature of person named in Block 10. If the person named in Block 10 is not the registered agent, the signature of the registered agent is required.

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	DPS			
	MUROFF, LAWRENCE R	801 BAYSHORE BLVD-	TAMPA, FL 00000-	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS:	1527 S. Dale Mabry
1.4 CITY - ST - ZIP	Tampa FL 33629
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS:	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS:	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS:	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS:	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS:	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied in 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 is supplied on an 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; that I am 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *5/20/96*
Date of Filing: _____

CR2E034 (12/95)