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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **P15829 (5)**
 7. Corporation Name
REMEDIAL EDUCATION AND DIAGNOSTIC SERVICES, INC.

Principal Place of Business: 401 WILLOWMERE LANE, AMBLER PA 19002
 Mailing Address: 401 WILLOWMERE LANE, AMBLER PA 19002

DO NOT WRITE IN THIS SPACE.
 3. Date Incorporated or Qualified: 09/04/1987
 3a. Date of Last Report: 03/15/1994
 4. FEI Number: 52-1048902
 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

2. Principal Place of Business: 21. SAME
 2a. Mailing Address: 26. N/A
 Suite, Apt. #, etc.: 27.
 City & State: 28.
 Zip: 24. Country: 25. Zip: 28. Country: 30.

9. Name and Address of Current Registered Agent
PENNINGTON, PAULA
1502 W. BUSH BLVD. SUITE B1
TAMPA FL 33612

10. Name and Address of New Registered Agent
 81. Name: N/A
 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 607.1608, 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: *N/A* (NOTE: Registered Agent signature required when reappointing) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	STRICKER, GEORGE G.
STREET ADDRESS	401 WILLOWMERE LANE
CITY-ST-ZIP	AMBLER PA
TITLE	TD
NAME	STRICKER, GEORGE G.
STREET ADDRESS	401 WILLOWMERE LANE
CITY-ST-ZIP	AMBLER PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), 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: *George G. Stricker* DATE: 3-16-95
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR