

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 22, 1999 8:00 am
Secretary of State

04-22-1999 90186 031 ***150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1996

4. FEI Number

36-4064638

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5136 Calle Minorga
Suite, Apt. #, etc.

22 City & State
23 Sarasota FL

24 Zip Country
34242 Sarasota

2a. Mailing Address

26 5136 Calle Minorga
Suite, Apt. #, etc.

27 City & State
28 Sarasota FL

29 Zip Country
34242 Sarasota

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

FL

85 Zip Code
34242

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE M ☐ DELETE
NAME EZCURRA, ATHENE G
STREET ADDRESS 3831 TURTLE DOVE BLVD
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE DP ☐ DELETE
NAME EZCURRA, GERARD G
STREET ADDRESS 3831 TURTLE DOVE BLVD
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE M ☒ Change ☐ Addition
1.2 NAME EZCURRA, ATHENE G.
1.3 STREET ADDRESS 816 Edgemere
1.4 CITY-ST-ZIP Sarasota FL 34242

2.1 TITLE DP ☒ Change ☐ Addition
2.2 NAME EZCURRA, GERARD
2.3 STREET ADDRESS 816 Edgemere
2.4 CITY-ST-ZIP Sarasota FL 34242

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EZCURRA DIRECTOR 20 APRIL (941) 349,1000

Date

Daytime Phone #

CR2E034 (11/98)