

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Myroniuk Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 361429 (4)
 1. Corporation Name
EDUCATIONAL REVIEW SYSTEMS, INC.



Principal Place of Business 406 S W 40TH TERRACE GAINESVILLE FL 32607	Mailing Address 406 S W 40TH TERRACE GAINESVILLE FL 32607
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/20/1970

2. Principal Place of Business 21 5313 JOHNS RD Suite, Apt. #, etc.	2a. Mailing Address 26 5313 JOHNS RD Suite, Apt. #, etc.
22 201 City & State	27 201 City & State
23 TAMPA, FL Zip	28 TAMPA, FL Zip
24 33634 Country USA	29 33634 Country USA

4. FEI Number
59-1297030 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 or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

SIMON, JODY
5313 JOHNS ROAD
SUITE 201
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name
 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 607.1508, 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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD XXX DELETE
NAME	ARAUJO, OSCAR E
STREET ADDRESS	406 S.W. 40TH TERRACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D XXX DELETE
NAME	HAMMER, RICHARD H
STREET ADDRESS	1704 NW 68TH TERRACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	STD XXX DELETE
NAME	ANGORN, RICHARD A
STREET ADDRESS	3705 NW 8TH AVENUE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SIMON, JODY - CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	5313 JOHNS RD
1.3 STREET ADDRESS	STE 201
1.4 CITY-ST-ZIP	TAMPA, FL 33634
2.1 TITLE	DAGOSTINO, FRANK - President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	5313 JOHNS RD
2.3 STREET ADDRESS	TAMPA, FL 33634
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 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.

SIGNATURE: *[Signature]* 2/27/98 8132610062

CR2E034 (10/97)