Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90082 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 363070

1. Corporation Name

FINANCIAL EDUCATIONAL SYSTEMS, INC.

Principal Place	of Business	Mailing Adoress								
16201 S.W. 95	AVENUE	7300 N KENDALL DR								
P. O. BOX 576		SUITE 640				}				
MIAMI FL 33157		MIAMI FL 33156				DO NOT WRITE IN THIS SPACE				
		US				3.	Date Incorporated or Qualifed			
						(04/24/1970			Ì
2 Principal PI	ace of Business	2a. Mailing Address			_		FEI Number		Ap	plied For
·	ace of Business						59-1308024			t Applicable
21		26				 	39 1300024		\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired		Fee Re	
22		27			_	<u> </u>				
City & State	Ð	City & State					Election Campaign Financing		\$5.00	
23		28				-	Trust Fund Contribution		Added t	o rees
Zip	Country	Zip	Cou	intry			This corporation owes the curre	ent year Int	_	
24	25		30				Personal Property Tax.		_ ∐ Yes	⊡No
	9. Name and Address of Curren	t Registered Agent		<u> </u>	_	10.	Name and Address of New R	egistered	Agent	
	ANES BALL			81	Name					Į
	ANER, PAUL	82 Str			Street Addre	ss /P	O. Box Number is Not Accepta	ble)	-	_
7851 SW 143 ST]**		1	0			,		
MAIM	AI FL			83			·			
				Ш						
			1	84	City			FL	85 Zip (Joge
11. Pursuant t	to the provisions of Sections 607.050.	2 and 607.1508. Florida Statute	s, the al	bove-	named corpo	ration	submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State :	of Florida. Such change was au	thorized	ı bv tr	he corporation	n's boa	ard of directors. I hereby accep	t the appoi	ntment as re-	gistered
agent. I ar	m familiar with, and accept the obligation	tions of, Section 607.0505, Flori	da Stati	utes.]
SIGNATURE	Signature, typed or printed name of registered ager	A and title if annihable (MOTE)	Pagistared	Acont .	signature required	when re	instating)	DATE		—— i
12.		ID DIRECTORS	13.	y gont .	agricio o rodo nos		DDITIONS/CHANGES TO OFF	FICERS AN	ND DIRECTO	RS IN 12
	PD	☐ DELETE	1.1 111	n e					[] Change	☐ Addition
TITLE)	INDIANER,PAUL	_ J2227C	1.2 NA		!				_ ,	_
NAME										
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CITY-ST-ZIP	MIAMI FL		14 CI	TY-ST-	ZiP					
TITLE	SD		_				-			
NAME		☐ DELETE	2.1 TI						Change	☐ Addition
NAME	BASS, EUGENE	☐ DELETE	_	TLE					Change	☐ Addition {
STREET ADDRESS		☐ DELETE	2.1 TII 2.2 N/	TLE AME	ADDRESS				Change	☐ Addition {
STREET ADDRESS	BASS, EUGENE	☐ DELETE	2.1 TII 2.2 NV 2.3 ST	TLE AME					Change	
i 1	BASS, EUGENE 12750 S.W. 103 TERRACE	☐ DELETE	2.1 TII 2.2 NV 2.3 ST	TLE AME TREET A		· · ·	one or the second of the secon		☐ Change	Addition
STREET ADDRESS C/TY-ST-Z/P TITLE	BASS,EUGENE 12750 S.W. 103 TERRACE MIAMI FL T		2.1 TII 2.2 N/ 2.3 ST 2.4 C	TLE AME TREET A TTY-ST- TLE					•	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	BASS,EUGENE 12750 S.W. 103 TERRACE MIAMI FL T BASS, EUGENE		2.1 TΠ 2.2 N/ 2.3 S1 2.4 C 3.1 TT 3.2 N/	TLE AME TREET A TTY-ST- TLE AME	-ZIP ^	· · ·	, 1000		•	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BASS,EUGENE 12750 S.W. 103 TERRACE MIAMI FL T BASS, EUGENE 12750 S.W. 103 TERRACE		2.1 Tm 2.2 N/ 2.3 S1 2.4 C 3.1 TT 3.2 N/ 3.3 S1	TLE AME TREET A TLE AME TREET A	ADDRESS	<u>.</u>	, Trong		•	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BASS,EUGENE 12750 S.W. 103 TERRACE MIAMI FL T BASS, EUGENE	☐ DELETE	2.1 Tm 2.2 N/2 2.3 S1 2.4 C 3.1 TT 3.2 N/4 3.3 S1 3.4. C	TLE AME TREET A TLE AME TREET A TREET A	ADDRESS				☐ Change	Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE