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

APPROVED
AND
FILED

98 FEB -9 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **414386** **(3)**

1. Corporation Name
SPACHE EDUCATIONAL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
4042 WILSHIRE CIRCLE E LAKE SHORE VILLAGE SARASOTA FL 34238	4042 WILSHIRE CIRCLE EAST LAKE SHORE VILLAGE SARASOTA FL 34238 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 6449 Gulf of Mexico Dr
22 Suite, Apt. #, etc. Longboat Key, FL
23 City & State 34228
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified
12/11/1972

4. FEI Number
59-1462288
☐ 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

SPACHE, GEORGE D Deceased
4042 WILSHIRE CIRCLE E
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name: Evelyn B. Spache
82 Street Address (P.O. Box Number is Not Acceptable): 6449 Gulf of Mexico Dr
83 Longboat Key, FL 34228
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 Evelyn B Spache
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	President ☒ Change ☐ Addition
NAME	SPACHE, EVELYN B.		1.2 NAME	Evelyn B. Spache
STREET ADDRESS	4042 WILSHIRE CIRCLE E		1.3 STREET ADDRESS	6449 Gulf of Mexico Dr
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	TS	☐ DELETE	2.1 TITLE	TS ☒ Change ☒ Addition
NAME	SPACHE, EVELYN B.		2.2 NAME	Margo S. Balaski
STREET ADDRESS	4042 WILSHIRE CIRCLE E		2.3 STREET ADDRESS	2984 Reinhard Ave.
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Sarasota, FL 34234
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME			4.2 NAME	D Merle W. Huntington
STREET ADDRESS			4.3 STREET ADDRESS	6449 Gulf of Mexico Dr.
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Longboat Key, FL 34228
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	$BANV
CITY-ST-ZIP			6.4 CITY-ST-ZIP	AM 2/4/98

CR2E034 (10/97)

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: Evelyn B Spache 1-10 6844