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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 494022

(7)

HAMILTON EDUCATIONAL AND BUSINESS CONSULTANTS, I

NC.														
Principal Place of Business				Mailing Address					[i imblii ololo (okti oloti bahto tibte i	18: BIBN ALBL		DIST	
PO BOX 1717 % MICHAEL LEINWAND BOCA RATON FL 33429				PO BOX 1717 % MICHAEL LEINWAND BOCA RATON FL 33429-1717										
•••									3.	Date Incorporated or Qualified 01/23/1976		Date of Last R 1/29/1996	teport	
2. Principat Place of Business				2a. Mailing Address					4.	FEI Number			pplied For	
21				26						65-0032635		N(ot Applicable	
Suite, Apt. #, etc				Suite, Apt. #, etc.					5.	Certificate of Status Desired			Additional equired	
City & State				Cily & State				~~~	-	Election Campaign Financing			May Be	
23				28) B.	Trust Fund Contribution			lo Fees	
Zip Country				7ip Country			,		8.	This corporation has liability for	r intangibl			
24	25		29	29 30					Florida Statutes					
	9. Name	and Address of Curr	ent Regis	ered Agent					10.	Name and Address of New I	Registered	l Agent		
LEIN	WAND, MI	CHAEL				81	٨	lame						
2560 SPANISH RIVER RD.						82	S	treet Addre	ss (F	O. Box Number is Not Accept	able)			
BOCA RATON FL 33432						83	 							
						84	C	ity				85 Zip	Code	
							L	·			<u>FI</u>	<u> </u>		
office or re	edistered ad	ions of Sections 607.0 ent or both, in the Sta th, and accept the obl	te of Floric	ta. Such change was	s author	orized by	r th	amed corpo e corporatio	oratio on's t	in submits this statement for the poard of directors. I hereby acc	ept the ap	ot changing t pointment as	ts registered registered	
SIGNATURE.	Slocatore Issued	or printed Lamie of registerials		if application (NC	OIE: Bes	pistered Ane	a Ine	gnature required	d when	reinstaling)	DATE			
12.	orge that the sa	OFFICERS A			3.2 1.0,	13.		granare response		ADDITIONS/CHANGES TO OFF		D DIRECTOR	RS IN 12	
TITLE	PT			DELETE		1.1 TITLE	_					Change	Addition	
NAME		ND, MICHAEL			ļ	1.2 NAME		1						
STREET ADDRESS 2560 SPANISH RIVER RD.				135			ADE	DRESS						
CITY-ST-ZIP	BOCA RA	ATON FL			1	1.4 DITY-S	ST- Z	IP					ĺ	
TITLE	VS			DELETE		2.1 TITLE		Ţ				Change	Addition	
NAME	IAME LEINWAND, JUDITH			2.21			2.2 NAME							
STREET ADDRESS 2560 SPANISH RIVER RD.				2.3 S			ADI	DRESS						
CITY-ST-ZIP	BOCA R	ATON FL				2 4 CITY-:	ST-7	<u> </u>						
TITLE				☐ DELETÉ	1	3.1 TITLE		T				Change	Addition	
NAME					Į	3.2 NAME		(
STREET ADDRESS					ł	3 3 STREET	(ADI	ORESS						
CITY-ST-7IP	····					3.4 CITY-	S1-2	IP III						
TITLE				☐ DELETE	ľ	4.1 TITLE		İ				☐ Change	Addition	
NAME						4 2 NAME								
STREET ADDRESS					1	4 3 STREET								
CITY-\$1-ZIP				Delete		4.4 CHTY - S	31 - Z	IP .		·		F10	4 1 00 -	
TITLE				DELETE	Į	5.1 TITLE		l				Change	Addition	
NAME						5.2 NAME								
STREET ADDRESS					j	5.3 STREET							į	
CITY-ST-ZIF	·			DELETE		5.4 CITY-S	I · Z	IP -				Channe	Addition	
TITLE				f"I nerest		6.1 TITLE						Change	LJ Addition	
NAME					ı	6.2 NAME								
STREET ADDRESS					1	6.3 STREET	i ADÉ	DRESS						

SIGNATURE:

14. I do 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 9 th an address.

Daytime Phone #

FILED

Jan 14 1997 8:00am

Secretary of State

571-368-0203