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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 561240

1. Corporation Name

EDUCATIONAL & DIAGNOSTIC SERVICES, INC.							A LONGING BOLLS	51191 71515 11 4 11 8	1811 48 11 418 11		1611 E1811 1981
Principal Place	e of Business		Mailing Address			_	1100101000		1811 8811 81811	BIBLI BIBLI BIBLI	[]
7445 NW 4TH.ST. 7445 NW 4TH.ST.											
PLANTATION FL 33317 PLANTATION FL 33317								DO NOT WR	ITE IN THIS	SPACE	
							3. Date Incorporat	ed or Qualifed			
							03/06/1978				
2. Principal Pl	ace of Business		2a. Mailing Address			-	4. FEI Number			<u> </u>	plied For
21		2	26			_	59-1806865			\$8.75 A	t Applicable
Suite, Apt. #, etc. —			Suite, Apt. #, etc				5. Certifcate of Sta	atus Desired		Fee Re	
City & State	В	City & State	City & State			6. Election Campa			\$5.00		
23			28			_	Trust Fund Cor			Added to	o Fees
Žip	Count	' ⊢	Zip	Cou 30	ntry		This corporation Personal Proper		rent year In	tangible	□No
24	9. Name and Addre		29 Adent	30		_	10. Name and Add		Registered		
	11- C t 12	ess of Current Ke	gistered Agont		81	Name					
	is, leslie I. I s.w. 5th st.				82	Street Addre	ss (P.O. Box Number	is Not Accept	table)	<u> =#1.1</u>	
	NTATION FL 33317				83						
					84	City				85 Zip (Code
						•			FL	<u>-</u>	
office or r	anictored agent or hoth	in the State of Fi	id 607.1508, Florida Sta lorida. Such change was s of, Section 607.0505, I	s autnorized	· DV ID	named corpor le corporation	ration submits this sta 's board of directors.	atement for the I hereby acce	purpose opt the appo	f changing its intment as req	registered gistered
SIGNATURE	Signature, typed or printed name	- of managed access and	tito if prolingble (M/	OTC: Bookstomd	Apont e	ignature required	uban minetation		DATE		
	Signature, typed or printed flair	A OLIGARISIONED GRANIC SILVI									
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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

2/1/99