

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 564592 (4)  
1. Corporation Name  
EDUCATIONAL COMMUNICATIONS, INC.

Principal Place of Business  
9240 SW 124TH STREET  
MIAMI FL 33176-5161

Mailing Address  
9240 SW 124TH STREET  
MIAMI FL 33176-5161

FILED  
Jul 23 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/20/1977

4. FEI Number  
59-1824606  
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

FARBER, NATHAN  
9240 SW 124TH STREET  
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name  
BERNICE O. CONANT  
82 Street Address (P.O. Box Number is Not Acceptable)  
9240 SW 124TH STREET  
83  
84 City  
MIAMI, FL 85 Zip Code  
33176

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 607.0805, Florida Statutes.

SIGNATURE Bernice O. Conant Bernice O. Conant July 17, 1998  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME FARBER, NATHAN  
STREET ADDRESS 9240 SW 124TH STREET  
CITY-ST-ZIP MIAMI FL 33176 ☐ DELETE

TITLE DV  
NAME CONNANT, BERNICE  
STREET ADDRESS 1811 PASSAIC AVE  
CITY-ST-ZIP FT. MYERS FL 33901 ☐ DELETE

TITLE D  
NAME CONANT, JOHN F  
STREET ADDRESS 1811 PASSAIC AVE.  
CITY-ST-ZIP FT. MYERS FL 33901 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE DV ☒ Change ☐ Addition  
2.2 NAME CONANT, BERNICE  
2.3 STREET ADDRESS 1811 PASSAIC AVE  
2.4 CITY-ST-ZIP FT MYERS FL 33901

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: Bernice O. Conant DV BERNICE CONANT July 17, 1998

CR2E034 (5/98)