FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:19

DOCUMENT # **565779** **(6)**

1. Corporation Name
AMBASSADORS OF EDUCATION, INC.

Principal Place of Business	Mailing Address
4610 BALDRIC ST. BOCA RATON FL 33428	4610 BALDRIC ST. BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1978	3a. Date of Last Report: 01/26/1994
4. FEI Number: 59-1794572	☐ 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
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 6620 N.W. 23rd St	26 6620 N.W. 23rd St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Margate, FL.	28 City & State: Margate FL.
24 Zip: 33063 25 Country: Broward	29 Zip: 33063 30 Country: Broward

9. Name and Address of Current Registered Agent

SCHIEFERSTIN, DEBORAH
4610 BALDRIC ST.
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name: Betty Melton
82 Street Address (P.O. Box Number is Not Acceptable): 6620 N.W. 23rd St
83
84 City: Margate FL 85 FL 85 Zip Code: 33063

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: Betty Melton — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE: 3-14-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	delete	☒ Change ☐ Addition
NAME	SCHIEFERSTIN, DEBORAH	12 NAME		
STREET ADDRESS	4610 BALDRIC ST.	13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE	delete	☒ Change ☐ Addition
NAME	SCHIEFERSTIN, GARY	22 NAME		
STREET ADDRESS	4610 BALDRIC ST.	23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE	President	☒ Change ☐ Addition
NAME	MELTON, BETTY	32 NAME		
STREET ADDRESS	6620 NW 23RD ST.	33 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	Secretary	☐ Change ☒ Addition
NAME		42 NAME	Louie Melton	
STREET ADDRESS		43 STREET ADDRESS	6620 N.W. 23rd St	
CITY-ST-ZIP		44 CITY-ST-ZIP	Margate, FL 33063	
TITLE		51 TITLE	Vice President	☐ Change ☒ Addition
NAME		52 NAME	Gloria Glatt Goldstone	
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Betty Melton Betty Melton, Pres. 4-4-95 407 443-3835
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0265120 CP