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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 650439

EDUCATIONAL CLEARINGHOUSE, INC.

Principal Place	e of Business	Mailing Address				()  <b>0</b>	1011 0101: 01011 <b>0</b>	) (8) ( B) B) (8C)
4721 CAPITAL (	CIR. SW	4721 CAPITAL CIR. SW						
PO BOX 3951 PO BOX 3951				DO NOT WIDE	ITE IN THIC	CDACE		
TALLAHASSEE FL 32315-0951 TALLAHASSEE FL 32315-095			-0951		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
					01/08/1980		•	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<del></del>	An	plied For
—	lace of Business	26		,	59-2012522	,	<u> </u>	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	
22	.,	27			5. Certifcate of Status Desired	×	Fee Re	
City & State	le	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added 1	
Zip	Country	Zíp	Country		8. This corporation owes the cur	rent year Int		_
24	25	29	30		Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent	-	N	10. Name and Address of New	Registered	Agent	
enc	ADC DATDICIA C		81	Name				
	ARS, PATRICIA F ITE 3, BOX 706	1. V = 1.	82	Street Add	ress (P.O. Box Number is Not Accept	able)		
	ANA FL 32333		83			1	, 3	N. 19 6.
			84	City		FL	85 Zip (	
44 Diminant	to the positions of Sections 607 050	12 and 607 1508 Florida Sta	tutes the above	-named corr	poration submits this statement for the		changing its	registered
l' 'office or r	registered agent or both in the State.	of Florida' Such change was	s authonzed by t	tne corborati	on's board of directors. I hereby acce	pt the appoi	ntment as re	gistered
l agent la	m familiar-with end accept the obliga	tions of Section 607.0505. I	-lorida Statutes.					1
	Alle							
SIGNATURE	Jacrecia -	t, Chen	~	-	ed when reinstating)	DATE	4.549	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NC	~	-	ad when reinstating) ADDITIONS/CHANGES TO OF	DATE .	ID DIRECTO	DRS IN 12
	Signature, typed or printed name of registered age	t, Chen	OTE: Registered Agent	-			ID DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NC	DTE: Registered Agent	-	ADDITIONS/CHANGES TO OF			
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AN PD SPEARS, PATRICIA F	nt and title if applicable. (NC	DTE: Registered Agent 13. 1.1 TITLE	t signature require	ADDITIONS/CHANGES TO OF			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PD SPEARS, PATRICIA F ROUTE 3, BOX 706	nt and title if applicable. (NC	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature require	ADDITIONS/CHANGES TO OF			
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AN PD SPEARS, PATRICIA F ROUTE 3, BOX 706 HAVANA FL	nt and title if applicable. (NC	TE: Registered Agent 13. 1.1 TITLE 1.2 NAME	t signature require	ADDITIONS/CHANGES TO OF			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD SPEARS, PATRICIA F ROUTE 3, BOX 706 HAVANA FL STD	nt and utle if applicable. (NC ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature require	ADDITIONS/CHANGES TO OF		☐ Change	☐ Addition
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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 of on an attachment with an address, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:

**FILED** 

Feb 09, 1999 8:00am

**Secretary of State** 

02-09-1999 90003 048 \*\*\*158.75

878-0522