


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 716707 (5)

1. Corporation Name
EDUCATIONAL OPPORTUNITIES, INC.

Principal Place of Business 5725 IMPERIAL LAKES BLVD. MULBERRY FL 33860	Mailing Address P.O. BOX 6067 LAKELAND FL 33807-6067
---	--

3. Date Incorporated or Qualified 06/10/1969	3a. Date of Last Report 04/26/1996
--	--

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1269611	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RIDGWAY, JAMES 5725 IMPERIAL LAKES BLVD. MULBERRY FL 33860		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **04/09/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIDGWAY, JAMES	12. NAME	D Lahham, Salim
STREET ADDRESS	4733 TIERRA ALTA CT	13. STREET ADDRESS	P.O. Box 71055
CITY-ST-ZIP	LAKELAND, FL 00000	14. CITY-ST-ZIP	Jerusalem, 97803 Israel
TITLE	D <input type="checkbox"/> DELETE	2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, CARL J	2.2. NAME	
STREET ADDRESS	1823 WESTBROOK AVENUE	2.3. STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	2.4. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LODER, DWIGHT	3.2. NAME	
STREET ADDRESS	787 TWEED COURT	3.3. STREET ADDRESS	
CITY-ST-ZIP	WORTHINGTON OH	3.4. CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICHMANN, JOSE	4.2. NAME	
STREET ADDRESS	TALACKER 35	4.3. STREET ADDRESS	
CITY-ST-ZIP	ZURICH, SWITZERLAND	4.4. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, IRVING	5.2. NAME	
STREET ADDRESS	530 5TH AVE., 14TH FLOOR	5.3. STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2. NAME	
STREET ADDRESS		6.3. STREET ADDRESS	
CITY-ST-ZIP		6.4. CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **04/09/97**

CR2E037 (9/96)