

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

FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F56824** (8)
1. Corporation Name
EDUCATIONAL MANAGEMENT ASSISTANCE, INC.



Principal Place of Business C/O BYRON G. MASSIALAS 2402 KILLARNEY WAY TALLAHASSEE FL 32308	Mailing Address C/O BYRON G. MASSIALAS 2402 KILLARNEY WAY TALLAHASSEE FL 32308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 17070 BOCA CLUB BLVD Suite, Apt. #, etc. 22 4		2a. Mailing Address 26 P.O. Box 812164 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 12/02/1981	
23 BOCA RATON, FL City & State 24 33487 Zip		28 BOCA RATON, FL City & State 29 33433 Zip		4. FEI Number 59-2140819 Applied For Not Applicable	
25 PALM BEACH Country		30 PALM BEACH Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent MASSIALAS, BYRON G. 2402 KILLARNEY WAY TALLAHASSEE FL		10. Name and Address of New Registered Agent 81 Name MASSIALAS, BYRON G. 82 Street Address (P.O. Box Number is Not Acceptable) 17070 BOCA CLUB BLVD, # 4 83 84 City BOCA RATON FL 85 Zip Code 33487		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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.				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSIALAS, SARA	1.2 NAME	
STREET ADDRESS	2402 KILLARNEY WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSIALAS, BYRON G	2.2 NAME	
STREET ADDRESS	2402 KILLARNEY WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: **Byron G. Massialas** **BYRON G. MASSIALAS** 4/22/98 561-482-5886

CR2E034 (10/97)