

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 9:02

DOCUMENT # **H16746** (O)

1. Corporation Name
EDUCATIONAL CONSULTING SERVICES, INC.

Principal Place of Business Mailing Address
737 SE 1ST WAY #310
P O BOX 284
DEERFIELD BEACH FL 33443

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/15/1984** 3a. Date of Last Report **04/18/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** **P.O. Box 284 (DO NOT USE STREET ADDRESS)**
22 City & State **27** **DEERFIELD BEACH, FLA**
23 Zip **28** **33443** Country **30** **USA**

4. FEI Number **59-2457927** 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LYLE, MARGARET L.
737 SE 1ST WAY #310
DEERFIELD BEACH FL 33441

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 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

Signature, typed or printed name of registered agent and title of corporation

Signature, typed or printed name of registered agent and title of corporation

(S.A.F.)

12. OFFICERS AND DIRECTORS

12.1 TITLE **PVT**
NAME **LYLE, MARGARET L.**
STREET ADDRESS **737 S.E. 1ST WAY, #310**
CITY, ST, ZIP **DEERFIELD BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP
13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP
13.9 TITLE ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP
13.13 TITLE ☐ Change ☐ Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP
13.17 TITLE ☐ Change ☐ Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 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 Sections 119.07(3)(b), 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: *Margaret L. Lyle* **MARGARET L. LYLE**
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

3-26-95 **(S.A.F.) 401 9936**
Date (Signature) Name