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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # L49510

EDUCATIONAL BUILDING SYSTEMS, INC.

								-		AR BIBN BIBN	DI DE LEGAL
Principal Place of Business Mailing Address											
3335 ALLEN AVE 3335 ALLEN AVE										•	
TYLER TX 75701		TYLER TX 75701					DO NOT WRITE IN THIS SPACE				
US		US					3. Da	3. Date Incorporated or Qualifed			
							I .	2/07/1990		•	
2 Principal Pt	lace of Business	2a. Ma	iling Address			•		El Number		A	applied For
	ace of Dualiteas	_	26				61	} - -			lot Applicable
Suite, Apt.	# etc		ite, Apt. #, etc.						r-3	\$8.75	Additional
	m, otc.	<u> </u>	27				5. C	ertifcate of Status Desired			Required
City & State			City & State				6. FI	lection Campaign Financing		\$5.00	May Be
23	•		28				I	rust Fund Contribution			to Fees
Zip	Country	Zip)	Coun	try		8. TI	his corporation owes the cur	rent year Inta	angible	
24	25	29		30			I	ersonal Property Tax.		Yes	□No
.24	9. Name and Address of Curre		ed Agent			•••	10. N	lame and Address of New	Registered /	Agent	
				1	B1	Name					
SMOLER, BRUCE E					93 China et Adda). Box Number is Not Accep	table)		
100 SE 2 STR, SUITE 2620				82 Street Addr			daress (F.O). Bux Number is Not Accep	lable;		
3940 INTERNATIONAL PLACE				1	83				-		
MIAM	fi FL 33131							_		Jan 1 75	
				ľ	84	City			FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.05	502 and 607.1	1508. Florida Statut	es. the ab	ove	-named c	orporation s	submits this statement for the	numose of	changing if	ts registered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblic	e of Florida 3	such change was a	utnorizea	DV I	tne corbor	ration's boar	rd of directors. I hereby acce	ept the appoir	itment as i	registered
agent. I ai	m tamiliar with, and accept the oblig	jations of, Se	Clion 607.0505, Fio	iida Statui	.65.						
SIGNATURE	Signature, typed or printed name of registered a	nent and title if apc	licable. (NOTE	Registered A	gent	t signature rec	quired when reins	stating)	DATE		
12.		AND DIRECTO		13.	_		AD	DITIONS/CHANGES TO O	FFICERS AN	D DIRECT	ORS IN 12
TITLE	DP		☐ DELETE	1.1 TITL	E					☐ Change	Addition
NAME	KAUFFMAN, KELLEY M.			1.2 NAM	Æ.						
STREET ADORESS	3335 ALLEN AVE			1.3 STR	EET	ADDRESS					
CITY-ST-ZIP	TYLER TX			1.4 CIT	/-ST	-ZiP					
TITLE	DVST		☐ DELETE	2.1 TITL	£					Change	B ☐ Addition
NAME	KAUFFMAN, CASSIE			2.2 NAM	Æ						
STREET ADDRESS	3335 ALLEN AVE			2.3 STR	EET	ADDRESS					
CITY-ST-ZIP	TYLER TX			2. 4 CIT		i					
TITLE	116017		☐ DELETE	3.1 TITL						☐ Change	Addition
NAME				3.2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				3.4. CIT							
TITLE			☐ DELETE	4,1 TITL				· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME				4. 2 NA							
						ADDRESS					
STREET ADDRESS											
CITY-ST-ZIP TITLE			DELETE	4.4 C/Γ 5.1 T/ΓL		- 4.17	177		.	☐ Change	e 🔲 Addition
(5.2 NAM]		•			J
NAME OXDEST ADODESIS						ADDRESS		i			Ì
STREET ADDRESS				5.4 CIT		i					
CITY-ST-ZIP			☐ DELETE	6.1 TITL					1.7	Change	Addition
TITLE				6.2 NAM							
NAME						ADDRESS					ļ
STREET ADDRESS				64 CIT							

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, with all other like empowered.

FILED

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90095 042 ***150.00