SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # L85985 (4)

1. Corporation Name

ACE EDUCATIONAL SUPPLIES, INC.

Principal Place of Business	Mailing Address
% RICHARD LUDWIG ~~1255 S STATE RD 7~~ ~~PLANTATION~~ FL 33317	% RICHARD LUDWIG ~~1255 S STATE~~ RD 7 ~~PLANTATION~~ FL 33317

2. Principal Place of Business: 21 5595 S. UNIVERSITY DRIVE
Suite, Apt #, etc: 22 —
City & State: 23 DAVIE, FL
Zip: 24 33328 Country: 25 US

2a. Mailing Address: 26 5595 S. UNIVERSITY DRIVE
Suite, Apt #, etc: 27 —
City & State: 28 DAVIE, FL
Zip: 29 33328 Country: 30 US

3. Date Incorporated or Qualified: 07/10/1990
3a. Date of Last Report: 04/27/1995
4. FEI Number: 65-0215033 ☐ 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

LUDWIG, RICHARD
~~1255 S STATE RD~~ 7
~~PLANTATION FL~~ 33317

(SAME PERSON, JUST ADDRESS CHANGE)

10. Name and Address of New Registered Agent
81 Name (SAME NAME)
82 Street Address (P.O. Box Number is Not Acceptable) 5595 S. UNIVERSITY DRIVE
83
84 City DAVIE FL 85 Zip Code 33328

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 RICHARD LUDWIG, PRESIDENT Richard Ludwig 8/5/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LUDWIG, RICHARD	
STREET ADDRESS	~~1255 S STATE RD 7~~	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VP	☐ DELETE
NAME	LUDWIG, JR. R	
STREET ADDRESS	~~820 N.W. 86TH AVENUE, APT. #205~~	
CITY-ST-ZIP	~~PLANTATION FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	5595 S. UNIVERSITY DRIVE	
1.4 CITY-ST-ZIP	DAVIE, FL 33328	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1091 S.W. 129 WAY	
2.4 CITY-ST-ZIP	DAVIE, FL 33325	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 Section 119.07(3)(k), 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.

(954) 434-2773

SIGNATURE: Richard Ludwig RICHARD LUDWIG, PRESIDENT 8/5/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)