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

PROFIT May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name M85101 **EDUCOR INTERNATIONAL, INC.** Principal Place of Business Mailing Address C/O ELSA C. DUNKER 17515 TALLY HO CT C/O ELSA C. DUNKER 17515 TALLY HO CT DO NOT WRITE IN THIS SPACE ODESSA FL 33556 ODESSA FL 33556 3. Date Incorporated or Qualified 06/03/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 59-2913934 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 X Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DUNKER, ELSA C. 17515 TALLY HO CT. 82 Street Address (P.O. Box Number is Not Acceptable) **ODESSA FL 33556** 83 84 City 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 proted name of regulariest agent and the it applicable (NO1E: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 11 TITLE Change Addition NAME DUNKER, JOHN E. 12 NAME 17515 TALLY HO CT STREET ADDRESS 1.3 STREET ADDRESS ODESSA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE ___ Addition 2.1 TITLE DUNKER, ELSA C. NAME 2 2 NAME STREET ADDRESS **17515 TALLY HO CT** 2.3 STREET ADDRESS **ODESSA FL** CITY-ST-ZIP 2.4 City - St - ZiP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change TITLE 61 TITLE 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 closs 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if granged, or on an attachment with an address.

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