

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT. CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M95200** (5)
1. Corporation Name
EDUCATIONAL SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business 4801 S. UNIVERSITY DR. DAVIE FL 33328	Mailing Address P.O. BOX 290363 DAVIE FL 33328-0363
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2. Principal Place of Business 21 4801 S. University Dr Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 290363 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/22/1988	3a. Date of Last Report 08/27/1996
22 Davie, Fla. City & State		27 Davie, FL City & State		4. FEI Number 65-0068022	Applied For Not Applicable
23 33328 Zip		28 USA Country		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33328 Zip		25 USA Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
26 33328 Zip		27 USA Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BALICKI, VICTORIA C. 4801 S. UNIVERSITY DR. DAVIE FL 33328		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 if applicable (NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	BALICKI, VICTORIA		1.2 NAME								
STREET ADDRESS	9001 N.W. 5TH AVE.		1.3 STREET ADDRESS								
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP								
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			2.2 NAME								
STREET ADDRESS			2.3 STREET ADDRESS								
CITY-ST-ZIP			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 do 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: *Victoria C. Balicki* 4/30/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)