

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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JUN 2 1999  
 99 JUN -2 PM 3:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # N38068**

1. Corporation Name  
**EDUCATION IS FUN ( EIF ), INC.**

Principal Place of Business 3600 LAKE BAYSHORE DR SUITE 408 BRADENTON FL 34205 US	Mailing Address 3600 LAKE BAYSHORE DR SUITE 408 BRADENTON FL 34205 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/07/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0189669 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LINDA M. ANGELL 3600 LAKE BAYSHORE DR #16R408 BRADENTON FL 34205	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE ANGELL, ROBERT M.	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELL, ROBERT M.	12 NAME	
STREET ADDRESS	3600 LAKE BAYSHORE DR	13 STREET ADDRESS	100002903001 -- 1
CITY-ST-ZIP	BRADENTON FL	14 CITY-ST-ZIP	-06/14/99--01015--014
TITLE	D <input type="checkbox"/> DELETE ANGELL, LINDA M.	21 TITLE	***\$61.25 <input type="checkbox"/> ***\$61.25
NAME	ANGELL, LINDA M.	22 NAME	
STREET ADDRESS	3600 LAKE BAYSHORE DR	23 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE SWEETING, MICHAEL	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEETING, MICHAEL	32 NAME	
STREET ADDRESS	1834 MAIN ST	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 617, 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.

SIGNATURE: Linda M. Angell Linda M. Angell 6/1/99 741-4605  
(SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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