


FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90075 003 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N98000006195

1. Corporation Name
EDUCATIONAL EXTRA, INC.

| | |
|---|---|
| Principal Place of Business 1355 W PALMETTO PARK ROAD SUITE 122 BOCA RATON FL 33486-3303 | Mailing Address 1355 W PALMETTO PARK ROAD SUITE 122 BOCA RATON FL 33486-3303 |
|---|---|



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|---|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 10/26/1998 4. FEI Number 65 0673108 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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9. Name and Address of Current Registered Agent

DESSLER, MAXINE
7757 LA MIRADA DRIVE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

Same agent - no signature required

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 | PD | 1.1 TITLE | |
| NAME | STILLMAN, TERRI | 1.2 NAME | |
| STREET ADDRESS | 5850 CAMINO DEL SOL #307 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | |
| NAME | ADAMS, RONNIE | 2.2 NAME | |
| STREET ADDRESS | 1053 SW 25TH PL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33426 | 2.4 CITY-ST-ZIP | |
| TITLE | STD | 3.1 TITLE | |
| NAME | DESSLER, MAXINE | 3.2 NAME | |
| STREET ADDRESS | 7757 LA MIRADA DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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 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:

SIGNATURE REQUIRED

Maxine Dessler 1/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(541)

Daytime Phone #

367-0668

CR2E037 (11/98)