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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90099 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P30359

1. Corporation Name

EDUCATIONAL FIELD STUDIES, INC.

Principal Place of Business

9500 SATELLITE BLVD.
STE 140
ORLANDO FL 32837-8461
US

Mailing Address

P O BOX 592308
STE 140
ORLANDO FL 32859-2308
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1990

4. FEI Number

88-0169124

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 7800 SOUTHLAND BLVD

Suite, Apt. #, etc.
22 SUITE 115

City & State
23 ORLANDO, FL

Zip Country
24 32809 25 US

2a. Mailing Address

26 PO BOX 592308

Suite, Apt. #, etc.
27 SUITE 115

City & State
28 ORLANDO, FL

Zip Country
29 32859 30 US

9. Name and Address of Current Registered Agent

BUTLER, KEVIN
9500 SATELLITE BLVD., STE #140
ORLANDO FL 32831

10. Name and Address of New Registered Agent

81 Name

BUTLER, KEVIN

82 Street Address (P.O. Box Number is Not Acceptable)

7800 SOUTHLAND BLVD

83 SUITE 115

84 City

ORLANDO

FL

85 Zip Code

32809

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

TITLE PS ☐ DELETE
NAME DECAPRIO, RON
STREET ADDRESS 9500 SATELLITE BLVD #140
CITY-ST-ZIP ORLANDO FL

TITLE VTD ☐ DELETE
NAME LUSVARDI, MARK
STREET ADDRESS 14325 WILLARD RD., #102
CITY-ST-ZIP CHANTILLY VA

TITLE D ☐ DELETE
NAME TANGE, CARLA
STREET ADDRESS 923 INCLINE WAY
CITY-ST-ZIP INCLINE VILLAGE NV

TITLE D ☐ DELETE
NAME LUSVARDI, LAWRENCE
STREET ADDRESS 923 INCLINE WAY
CITY-ST-ZIP INCLINE VILLAGE NV

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 PS ☒ Change ☐ Addition
1.2 NAME DECAPRIO, RON
1.3 STREET ADDRESS 7800 SOUTHLAND BLVD #115
1.4 CITY-ST-ZIP ORLANDO, FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME TANGE, CARLA
3.3 STREET ADDRESS 926 INCLINE WAY
3.4 CITY-ST-ZIP INCLINE VILLAGE, NV

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME LUSVARDI, LAWRENCE
4.3 STREET ADDRESS 926 INCLINE WAY
4.4 CITY-ST-ZIP INCLINE VILLAGE, NV

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 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, with all other like empowered.

SIGNATURE:

Carla Tange
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 30, 1999 (702) 831-7078

Date

Daytime Phone #

CR2E034 (11/98)