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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31427

(8)

KENDUSKEAG EVALUATION & EDUCATIONAL SERVICES, IN

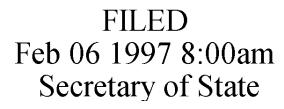
Principal Place of Business

443 LAKE MAMIE RD.

DELAND FL 32724

Mailing Address

BOX 140301--POST OFFIDE BOX 004
DELEON SPRINGS FL 02400-00





9 <del>6</del>	•••	DELEON SPRINGS FL. SENSO UG	<b>Q9</b> 04	•	3. Date incorporated or Qualified 09/26/1990	3a. Date of Las	
2. Principal Pl	ace of Business	2a. Mailing Address	4	/	4. FEI Number		Applied For
21 370	AHOUPING LOOP	26 370 WHOOM	NE .		01-0391948		Not Applicable
Suite, Apt	70 1160	26 370 WHOOM Suite, Apt. #, etc.	1.6		5. Certificate of Status Desired		5 Additional Required
City & State	MONTE SPRINGS F	City & State			6. Election Campaign Financing Trust Fund Contribution		OO May Be ed to Fees
Zip  24   <b> </b> フェク	Country 25 V. S	29 <b>32.701</b> 3	Country	1	This corporation has liability for Florida Statutes	☐ Yes 🕡 No	er s. 199.032,
	<ol><li>Name and Address of Current</li></ol>	Registered Agent			10. Name and Address of New Re	gistered Agent	*******
LIPSH	(Y, IRA M.		81	Name			
443 LAKE MAMIE ROAD DELAND EL 00704				Street Address (P.O. Box Number is Not Acceptable)			******
				172	to KALBY WOOD COM		
			83				
			84	City 6	CLANDO	FL 85 Z	ip Code
agent Lai	m familiar with, and accept the obligations of segments again.	r and title if applicable (NOTE	Registered Ag		equired when reinstating)	DATE	
12.	OFFICERS AND		13.	<del> </del>	ADDITIONS/CHANGES TO OFFI		
TITLE	CPD	DELETE	1.1 TITLE	i		Chan	ge L Addition
NAME	LIPSKY, IRA M.		1.2 NAME		ma KALEYWOOD	CAURY	
STREET ADDRESS	449 LAKE MAMIE ROAD			ADDRESS	ORLANDO FLA.	3.1.8	
CHY-SI-7P	DELAND FL 32724	DELETE	1.4 CITY - 5 2.1 TITLE	ST-ZIP	OKIMADO ( C.).	Chan	ae 🔲 Addition
T TLF NAME	VCP LIPSKY, ALLAN	L. Detter	2.2 NAME				
STREET ADDRESS	13 HOUGHTALING RD.			ADDRESS			
CITY ST-ZIP	HURLEYVILLE NY 12747		2 4 CITY-	L			
TITLE	VS	DELETE	31 TITLE		A 1.111 (Marie 11 11 11 11 11 11 11 11 11 11 11 11 11	Chan	ge Addition
NAME	LIPSKY, ARLINE		3.2 NAME	1			
STREET ADDRESS	H28 OLD LBYERTY RD		3.3 STREE	ADDRESS			
CHY+ST-ZIP	HURLEYVILLE NY	·	3.4. CITY-	ST-ZIP			
101.6		DELETE	4.1 TITLE			L Chan	ige [] Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
City-St-7if		DELETE	4.4 CITY -	ST-ZIP		Chan	nge Addition
TITLE		L OLCUIT	5.2 NAME				igo 🗀 riconiusi
NAME				T ADDDECC			
STREET ADDRESS				T ADDRESS			
CHY-ST-7/P TIFLE		DELETE	5.4 CITY- 6.1 TITLE	01.41		Chan	ige 🔲 Additio
NAME		*****	62 NAME	1			
STREET ADDRESS				T ADORESS			
CHY-ST-7IP			6.4 CITY-	i			
14 Ldo bero	by certify that the information supplied	with this filing does not qualify	for the exi	emption st	tated in Section 119.07(3)(i), Florida Statut	es. I further certify	that the
Lam au o	on indicated on this annual report or s ifficer or director of the corporation or in Block 12 or Block 13 if planged, or	the receiver or trustee empower	ered to exe	urate and cute this re	that my signature shall have the same leg eport as required by Chapter 607, Florida	Statutes; and that r	ny name