

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

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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31427 (8)
1. Corporation Name:
KENDUSKEAG EVALUATION & EDUCATIONAL SERVICES, IN
C.



Principal Place of Business
443 LAKE MAMIE RD.
DELAND FL 32724
UG

Mailing Address
BOX 14056
POST OFFICE BOX 004
DELEON SPRINGS FL 32108-0004
UG

3. Date Incorporated or Qualified 09/26/1990
3a. Date of Last Report 03/19/1996

2. Principal Place of Business
21 370 Whooping Loop
Suite, Apt. #, etc.
22 Suite 116
City & State
23 ALTAMONTE SPRINGS FL
Zip
24 32701
Country
25 U.S.

2a. Mailing Address
26 370 Whooping Loop
Suite, Apt. #, etc.
27 Suite 116
City & State
28 ALTAMONTE SPRINGS FL
Zip
29 32701
Country
30 U.S.

4. FEI Number 01-0391948
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
LIPSKY, IRA M.
443 LAKE MAMIE ROAD
DELAND FL 32724

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1730 KALEYWOOD COURT
83
84 City ORLANDO FL 85 Zip Code 32608

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 ☒ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	LIPSKY, IRA M.	
STREET ADDRESS	443 LAKE MAMIE ROAD	
CITY - ST - ZIP	DELAND FL 32724	
TITLE	VCP	<input type="checkbox"/> DELETE
NAME	LIPSKY, ALLAN	
STREET ADDRESS	13 HOUGHTALING RD.	
CITY - ST - ZIP	HURLEYVILLE NY 12747	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LIPSKY, ARLINE	
STREET ADDRESS	H28 OLD LIBERTY RD	
CITY - ST - ZIP	HURLEYVILLE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1730 KALEYWOOD COURT
1.4 CITY - ST - ZIP	ORLANDO FLA. 32608
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *IRA M. Lipsky* 1/30/97 407 339 1159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)