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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:34

DOCUMENT # P93000050238 (3)

1. Corporation Name
ENVIRONMENTAL EDUCATION CORPORATION

Principal Place of Business
2101 SUNSET POINT RD #101
CLEARWATER FL 34625

Mailing Address
P.O. BOX 5195
PALM HARBOR FL 34684
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-3199165 — 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 [X] No

9. Name and Address of Current Registered Agent
ACQUAVIVA, LUCY
2101 SUNSET POINT RD #101
CLEARWATER FL 34625

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

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 of Registered Agent (Required if registered agent is the corporation) — Date — Registered Agent Signature (required when resigning) — Date

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ACQUAVIVA, LUCY
STREET ADDRESS	2101 SUNSET POINT ROAD #101
CITY, ST, ZIP	CLEARWATER FL 34625
TITLE	S
NAME	DOROTHY SWINT,
STREET ADDRESS	11 PENZANCE CT.
CITY, ST, ZIP	SAFETY HARBOR FL 34695
TITLE	T
NAME	AQUAVIVA, MARIANNE A
STREET ADDRESS	11 PENZANCE CT
CITY, ST, ZIP	SAFETY HARBOR FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SD	[X] Change [ ] Addition
12 NAME	Acquaviva, Lucy	
13 STREET ADDRESS	2101 Sunset Point Rd. #101	
14 CITY, ST, ZIP	Clearwater, FL 34625	
21 TITLE	TD	[X] Change [ ] Addition
22 NAME	Swint, Dorothy	
23 STREET ADDRESS	2101 Sunset Pt. Rd. #101	
24 CITY, ST, ZIP	Clearwater, FL 34625	
31 TITLE	PD	[X] Change [ ] Addition
32 NAME	Acquaviva, Marianne A.	
33 STREET ADDRESS	4153 Chesterfield Circle	
34 CITY, ST, ZIP	Palm Harbor, FL 34683	
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and correct 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 successor in trust empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marianne A. Acquaviva, Pres. — 1/14/95 — 813/934-6861
SIGNATURE AND TYPED OR PRINTED NAME OF MORE OF OFFICER OR DIRECTOR — Date — Daytime Phone
Marianne A. Acquaviva President/Director

0401270 FP