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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000050238 (3)**

1. Corporation Name

ENVIRONMENTAL EDUCATION CORPORATION

Principal Place of Business	Mailing Address
2101 SUNSET POINT RD #101 CLEARWATER FL 34625	P.O. BOX 5195 PALM HARBOR FL 34684 US

2. Principal Place of Business	2a. Mailing Address
21 35246 US 19N,	26 P.O. Box 5195
Suite, Apt. #, etc 22 Suite 139	Suite, Apt. #, etc 27
City & State 23 Palm Harbor, FL	City & State 28 Palm Harbor, FL
Zip 24 34684 Country 25 USA	Zip 29 34684 Country 30 USA

3. Date Incorporated or Qualified: 07/12/1993

3a. Date of Last Report: 02/14/1995

4. FEI Number: 59-3199165 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$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. [X] Yes [ ] 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 _____ DATE

Signature, type or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required for filing.

12. OFFICERS AND DIRECTORS		
TITLE	SD	[X] DELETE
NAME	AXQUAVIVA, LUCY	
STREET ADDRESS	2101 SUNSET POINT ROAD #101	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	[X] DELETE
NAME	DOROTHY SWINT,	
STREET ADDRESS	2101 SUNSET PT., RD. #101	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	[X] DELETE
NAME	AQUAVIVA, MARIANNE A	
STREET ADDRESS	4153 CHESTERFIELD CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
11 TITLE	PD	[X] Change [ ] Addition
12 NAME	Jane M. Ousley	
13 STREET ADDRESS	175 Fifth Ave., #2330	
14 CITY-ST-ZIP	New York, NY 10010	
21 TITLE	VPD	[ ] Change [X] Addition
22 NAME	Anthony LaPorte	
23 STREET ADDRESS	35246 US 19N, Suite 139	
24 CITY-ST-ZIP	Palm Harbor, FL 34684	
31 TITLE	SD	[X] Change [ ] Addition
32 NAME	Marianne A. Acquaviva	
33 STREET ADDRESS	35246 US19N, Suite 139	
34 CITY-ST-ZIP	Palm Harbor, FL 34684	
41 TITLE	TD	[ ] Change [X] Addition
42 NAME	Sameera Hanif	
43 STREET ADDRESS	20505 US19N #12-297	
44 CITY-ST-ZIP	Clearwater, FL 34624	
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Anthony LaPorte, Vice President 4/1/96 813/738-4123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #