

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 MAY -1 PM 1:32

DOCUMENT # P93000072006 (8)

1. Corporation Name

SCHOLASTIC EDGE, INC.

Principal Place of Business

4801 S UNIVERSITY
STE 312
DAVIE FL 33328
US

Mailing Address

4801 S UNIVERSITY
STE 312
DAVIE FL 33328
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0374917

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

2. Principal Place of Business

21 4801 S UNIVERSITY

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

22 312

Suite, Apt. #, etc.

27

City & State

23 DAVIE, FL

City & State

28

Zip

24 33328

Country

25 United States

Zip

29

Country

30

9. Name and Address of Current Registered Agent

DAWES, ROBERT
6000 S.W. 5TH ST.
PLANTATION FL 33317

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAWES, ROBERT K.
STREET ADDRESS	6000 SW 5TH ST
CITY ST ZIP	PLANTATION FL
TITLE	V
NAME	SPALTER, IRENE
STREET ADDRESS	4801 S UNIVERSITY DR, STE 310
CITY ST ZIP	DAVIE FL
TITLE	S
NAME	GIBBONS, PATRICK G.
STREET ADDRESS	2890 SW 73 WAY, #1314
CITY ST ZIP	DAVIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY ST ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY ST ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY ST ZIP	
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	

REMITTED BY MAY 1

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)(b), 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

Secretary/TAMM

SIGNATURE:

Patrick G. Gibbons Secretary/TAMM

Patrick G. Gibbons

4/27/95

305-414-8644

(Date)

(Telephone Number)