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

APPROVED AND FILED
95 APR 20 AM 7:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000001858 (7)**

1. Corporation Name:
EDUTEK EDUCATION SOLUTIONS, INC.

Principal Place of Business	Mailing Address
1731 N.W. 6TH ST. GAINESVILLE FL 32609	1731 N.W. 6TH ST. GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1994
3a. Date of Last Report:

2. Principal Place of Business 21 1831 N.W. 13th St	2a. Mailing Address 26 P.O. Box 5186	4. FEI Number 62-1558718	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Ste. 8	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Gainesville, Fl.	City & State 28 Gainesville Fl.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 32609 / 25 USA	Zip / Country 29 32602 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SLAUGHTER, HARRY O 1731 N.W. SIXTH STREET #8 GAINESVILLE FL 32609	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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	SLAUGHTER, HARRY O	1 2 NAME	
STREET ADDRESS	~~1731 N.W. 6TH ST.~~ 1831 N.W. 13th St.	1 3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609	1 4 CITY-ST-ZIP	
TITLE	Slaughter, Philip	2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS	1831 N.W. 13th St.	2 3 STREET ADDRESS	
CITY-ST-ZIP	Gainesville, Fl. 32609	2 4 CITY-ST-ZIP	
TITLE	Slaughter, Lynnett B.	3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS	1831 N.W. 13th St.	3 3 STREET ADDRESS	
CITY-ST-ZIP	Gainesville, Fl. 32609	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

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)(k), 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 the 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: Lynnett B. Slaughter Lynnett B. Slaughter 4/18/95 -904-371-2336
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Title) (Daytime Phone #)

0034094 CP