


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

4	PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUL -8 AM 9: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P94000027574 (0)

1. Corporation Name

EDUCATIONAL SERVICES GROUP, INC.

Principal Place of Business

Mailing Address

P. O. Box 498  
Occoquan, Va. 22125

P. O. Box 498  
Occoquan, Va. 22125

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
04/11/1994	03/11/1996
4. FEI Number	Applied For
58-2108230	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENJAMN, ROBERT W  
1550 RINGLING BLVD.  
SARASOTA FL 34236

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	C PRESIDENT / DIRECTOR	11 TITLE	SECRETARY TREASURER
NAME	SHAPIRO, JEROME R	12 NAME	Melvin Nash
STREET ADDRESS	6012 WINNERS CIRCLE	13 STREET ADDRESS	211 Handley Drive
CITY - ST - ZIP	FAIRFAX STATION VA 22125	14 CITY - ST - ZIP	Winchester, Va. 22603
TITLE	PST	21 TITLE	
NAME	CLAVELOUX, MARIE	22 NAME	
STREET ADDRESS	11364 LINKS DRIVE	23 STREET ADDRESS	
CITY - ST - ZIP	RESTON VA	24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: JEROME R SHAPIRO on 1-600-978-0923

CR2E034 (9/96)