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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

P94000045170 (5) DOCUMENT # 1. Corporation Name

EDUCATION	onal Ma	RKETING	LTD.,	INC

Principal Place of Business Mailing Address 1149 HILLSBORO MILE, 603N 1149 HILLSBORO MILE. 603N HILLSBORO BEACH FL 33062 HILLSBORO BEACH FL 33062 3. Date Incorporated or Qualified 3a. Date of Last Report 06/16/1994 04/27/1995 2. Principal Place of Business 2a, Mailing Address 4. FÉI Number Applied For 65-0550341 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zio Zip Country 8. This corporation has liability for intangible tax under s 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BOBICK, EDWARD** Street Address (P.O. Box Number is Not Acceptable) 1149 HILLSBORO MILE, 603N 83 HILLSBORO BEACH FL 33062 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable (12/95)OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 □ DELETE 1. 1 TITLE Change Addition TITLE **BOBICK, EDWARD** CR2E034 NAME 1.2 NAME 1149 HILLSBORO MILE, 603N STREET ADDRESS 1.3 STREET ADDRESS HILLSBORO BEACH FL 33062 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE ☐ Change ☐ Addition TITLE 3. 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP DELETE 4. 1 TITLE ☐ Change ☐ Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 5. 1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change TITLE 6. 1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

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 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.

6.4 CITY - S1 - ZIP

SIGNATURE:

CITY-ST-7IP

3/14/96 954 427 1358