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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045170 (5)

EDUCATIONAL MARKETING LTD., INC.

Mar 19 1997 8:00am Secretary of State

Change

Addition

| | | | and the second of the second o | | |
|--|--|--|--|--|---|
| Principal Plac | e of Business | Mailing Address | |) (2011) BU 118 (EARY #5017 #3017) BU 117 BU 117 | I MUTIT DIBUT OLIDI ILDIL IDRIL BƏLL IDDI |
| | ro Mile, 609N Each Fl 33062 | 1149 HILLSBORO MILE. (HILLSBORO BEACH FL 3 | | | |
| | | | | 3. Date Incorporated or Qualified 06/16/1994 | 3a. Date of Last Report 03/19/1996 |
| 2. Principal Place of Business | | 2s. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0550341 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | e | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for i | ntangible tax under s. 199.032, |
| 24 | 25 | 29 | 30 | | Yes No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Re | gistered Agent |
| | BICK, EDWARD | | 81 Name | | |
| | 9 HILLSBORO MILE, 603N | | 82 Street A | ddress (P.O. Box Number is Not Acceptab | ile) |
| HILL | SBORO BEACH FL 33062 | | 83 | | |
| | | | 63 | | |
| _ | | | 84 City | | FL 85 Zip Code |
| 44 Duramont | to the provisions of Continue CO7 OF OF | Louis COZ 11 OD Florido Ctob | ton the shows broad a | | |
| office or r agent. I a SIGNATURE | registered agent, or both, in the State im familiar with, and accept the obligations of registered agents. | tions of, Section 607.0505, F | authorized by the corporate Statutes. H. Regish red Apont signature is | corporation submits this statement for the p oration's board of directors. I hereby accep | ol the appointment as registered |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES 10 OFFIC | |
| TITLE | D | DETETE | 11 1001 | | Change Addition |
| NAME | BOBICK, EDWARD | | 1.2 NAME | | |
| STREET ADDRESS | 1149 HILLSBORO MILE, 603N | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | HILLSBORO BEACH FL 33062 | | 1.4 C(TY+S1+7xP | | |
| TITLE | | DELETE | 2 1 1IILE | | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2 4 CHY- S1 - 7 P | | |
| TITLE | | ☐ DELETE | 3.1 THEF | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | · | 3.4. CITY+ST_ZIP | | |
| TITLE | | DELETE | 4.1 TillE | | Change Addition |
| NAME | | | 4.2 NAM! | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CHY+ST+ZIP | | |
| TITLE | | DEVETE | 5.1 1011.6 | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |

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 or an attachment with an address.

6.4 CHY+ST 205

5 4 CHY - S1 - ZIP

61 TITLE

6.2 NAME

DELETÉ