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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000045170

1. Corporation Name

EDUCATIONAL MARKETING LTD., INC.

				_		_ !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	ill ali ju aa id! I		
Principal Place of Business Mailing Address							.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1149 HILLSBORO MILE. 603N 1149 HILLSBORO MILE. 603N HILLSBORO BEACH FL 33062 HILLSBORO BEACH FL 33062						DO NOT WRI	TE IN THIS	SPACE _	
						3. Date Incorporated or Qualifed 06/16/1994			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	oplied For
21		26				65-0550341			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired			Additional equired
City & State	Δ	City & State	_		-	6. Election Campaign Financing		\$5.00	May Be
23	· · ·	28				Trust Fund Contribution			to Fees
Zip	Country 25	Zip 29 30	Count	ry		This corporation owes the curr Personal Property Tax.	ent year Int	angible ☐ Yes	□No
24	9. Name and Address of Current		<u>, </u>			10. Name and Address of New F	Registered	Agent	
	J. Hame and Addiess of Control	. Modicional / Ident	8	1	Name				
BOB	ick, edward		<u> </u>	1		(D.O. Daw Marsharia Mat Accord	ship)		
1149 HILLSBORO MILE, 603N				2	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
HILLSBORO BEACH FL 33062				3					
						■ 85 Zip Code		O. d.	
			8	4	City		FL	85 Zip	Code
l office or o	to the provisions of Sections 607.050; egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was autr ions of, Section 607.0505, Florid	a Statute	by ti es.	the corporatio	n s board of directors. I neverly acce	purpose of the appoi	changing its	s registered egistered
	Signature, typed or printed name of registered agen		13.	gent	t signature required	ADDITIONS/CHANGES TO OF		ID DIRECT	ORS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	1.1 TITLE	:		ADDITIONS/GUARAGES TO CI	T IDEIXO 74	Change	Addition
TITLE	Bobick, Edward		1.2 NAME		1			_ ,	_
NAME	1149 HILLSBORO MILE, 603N				ADDRESS				
STREET ADDRESS	HILLSBORO BEACH FL 33062								
CITY-ST-ZIP	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE		-21-	~		☐ Change	☐ Addition
NAME			2.2 NAME						
STREET ADDRESS				_	ADDRESS	•			
CITY-ST-ZIP			2.4 CITY						
TITLE	DELETE		3.1 TITLE					☐ Change	Addition .
NAME		- · · · · · · · · · · · · · · · · · · ·	3.2 NAME	Ε	•	•			
STREET ADDRESS			3.3 STRE	EET /	ADDRESS				
CITY-ST-ZIP			3.4. CITY		_				_
TITLE		☐ DELETE	4.1 TITLE	_				Change	Addition
NAME		•	4. 2 NAM	ΙE					
STREET ADDRESS			4.3 STRE	ET	ADDRESS				

CITY-ST-ZIP 14. I 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-23P

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

☐ Addition

☐ Addition

Change

Change