

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000026457 (8)

1. Corporation Name

EMERGENCY EDUCATIONAL CONSULTANTS OF SOUTH FLORIDA, INC.



Principal Place of Business

3000 N.E. 30TH PLACE, #211  
FORT LAUDERDALE FL 33306

Mailing Address

3000 N.E. 30TH PLACE, #211  
FORT LAUDERDALE FL 33306

2. Principal Place of Business

21 3504 NW 85 AVE

Suite, Apt. #, etc.

22 SUITE B

City & State

23 CORAL SPRINGS FL

Zip

24 33065

Country

25 USA

2a. Mailing Address

26 3504 NW 85 AVE

Suite, Apt. #, etc.

27 SUITE B

City & State

28 CORAL SPRINGS FL

Zip

29 33065

Country

30 USA

3. Date Incorporated or Qualified

03/30/1995

3a. Date of Last Report

4. FEI Number

65-0586871

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

SOARD, TODD

3000 N.E. 30TH PLACE, #211  
FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name

TODD SOARD

82 Street Address (P.O. Box Number is Not Acceptable)

3504 NW 85 AVE, SUITE B

83

84 City

CORAL SPRINGS, FL

85 Zip Code

33065

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

*Todd Soard*

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS SOARD, TODD  
CITY-ST-ZIP 3504 N.W. 85TH AVENUE  
CORAL SPRINGS FL 33065

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS JACQUELINE SOARD  
CITY-ST-ZIP 3504 NW 85 AVE.  
CORAL SPRINGS, FL 33065

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME D  
1.3 STREET ADDRESS JACQUELINE SOARD  
1.4 CITY-ST-ZIP 3504 NW 85 AVE # B  
CORAL SPRINGS, FL 33065

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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:

*Todd A. Soard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-96

Date

954-753-6869

Daytime Phone #

CR2E034 (12/95)