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May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000026457 (8)

1. Corporation Name

EMERGENCY EDUCATIONAL CONSULTANTS OF SOUTH FLORIDA, INC.



Principal Place of Business	Mailing Address
3504 NW 85 AVE SUITE B CORAL SPRINGS FL 33065 US	3504 NW 85 AVE SUITE 6 CORAL SPRINGS FL 33065-4332 US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

SOARD, TODD  
3504 NW 85 AVE SUITE B  
CORAL SPRINGS FL 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

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

(NOTE: Registered agent signature required when reinstating)

DATE

*Todd Soard*

4-29-97

12. OFFICERS AND DIRECTORS

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

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

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		

14. I do hereby certify that the information supplied with this filing does not qualify for 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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR TRUSTEE

4-29-97 954-753-6869

Date

Daytime Phone #

CR2E034 (9/96)