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PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000044287 (7)

A & A EDUCATIONAL CONSULTANT SERVICES, INC.

Principal Place of Business

DOCUMENT #

Mailing Address



4434 CARDINAL WAY S. St. Petersburg FL 33712			4434 CARDINAL WAY S. St. Petersburg Fl. 33712						
						3. Date incorporated or Qualified 05/30/1995		te of Last Report	
2. Principal Pla	ce of Business	}=¬	2a. Mailing Address			4. FELNumber 51-3327082		· · ·	ed For
21		26				21-332 100	~		Applicable
Suite, Apt. #	r, et g.	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Adi Fee Requ	
City & State		City & State				6. Election Campaign Financing		\$5.00 M	ay Be
23		28				Trust Fund Contribution		Added to	
Zγρ	Gountry	Ziρ	30 30	ountry		8. This corporation has liability for Florida Statutes		tax under s. 199	032,
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	5. Name and Address of Con-	Cit Hegistered Agent		81	Name	10.			
SHAKIR, ANNETTE G 4434 CARDINAL WAY S. ST. PETERSBURG FL 33712				00	Decree Andre	drace (P.O. Box Number is Not Accentable)			
				82	2 Street Address (P.O. Box Number is Not Acceptable)				
				83					
				84	City			85 Zip Co	
						ation submits this statement for the p d of directors. Thereby accept the ap	FI		
SIGNATURE _	Synthetic Typed or printed than e of registered as	polition to the political section of the polit		e-1 Agent		Jwer reminding	7/2	9/94	
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NAME	shakir, annette G		12	NAME					
STREET ADDRESS	4434 CARDINAL WAY S.		131	STREET.	ADDRESS				
CrTY-ST-ZiP	ST. PETERSBURG FL 337			CITY-SI	T-ZIP				1 4 1 1 1 1
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ruo nereby certify that the information supplied with this lining is voluntarily infinished and does not quality for the exemption safety in 1950/6/19, Foliad Statutes. Foliation 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 office or prirector of the corporation or the regions of 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 right and ress. SIGNATURE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR