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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000073144

May 01, 1999 8:00 am Secretary of State

05-01-1999 90022 012 ***150.00

corporation	n Name											
DOCUME	ED, INC.											
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Principal Place of Business Mailing Address											, • • • • • • • • • • • • • • • • • • •	
9838 OLD BAYMEADOWS ROAD 9838 OLD BAYMEADOWS ROAD												
SUITE 308 SUITE 308								DO NOT WRITE IN THIS	SPACE			
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256									3. Date Incorporated or Qualifed	OFFICE		
										10/01/1995		
2. Principal Place of Business 2a. Mailing Address									4, FEI Number	TA	pplied For	
21				26						59-3384783		lot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.							\$8.75	Additional
22				27						5. Certificate of Status Desired	Fee F	Required
City & State				City & State						6. Election Campaign Financing	\$5.00	May Be
23				28						Trust Fund Contribution	Added	I to Fees
Zip		Country		Zip		_	ıntry			8. This corporation owes the current year Int		/
24 ·		25	29			30				Personal Property Tax.	∐ Yes	DM 6
	9. Name	and Address of Curren	ıt Reg	istered Age	ent		81	Manna		10. Name and Address of New Registered	Agent	
DANI	GANAN, M	ICHAEI					51	Name				
							82 Street Addre			ss (P.O. Box Number is Not Acceptable)		
9838 OLD BAYMEADOWS ROAD SUITE 308							83					
		FI 30056					83					
JACKSONVILLE FL 32256							84	City		FL	85 Zip	Code
44 5	4 - 41	inn of Continue CO7 OFO	12 and	1607 1500 E	Florido Statul	or the a		named (como	ration authorite this statement for the nurness of	changing if	s registered
office or re agent. I a	to the provis egistered ag m familiar wi	ent, or both, in the State ith, and accept the obliga	of Flo	orida. Such c of, Section 6	hange was a 607.0505, Flo	uthorized orida State	bove by tutes.	the corpo	oration	's board of directors. I hereby accept the appoi	ntment as o	egistered
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis												
	Signature, typed				(NOTE		i Agen	t signature re	equired	when reinstating) DATE ADDITIONS (SHANGES TO SEELEERS AN	D DIDECT	ODS IN 42
12.		or printed name of registered age OFFICERS AN		RECTORS		13.		t signature re	equired	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN		_
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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 an an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: