

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 # P95000084321 (5)

1. Corporation Name

EFFECTIVE EDUCATION THE AMAZON WAY, INC.



Principal Place of Business

Mailing Address

~~ONE CLEARLAKE CENTRE SUITE 201
250 AUSTRALIAN AVENUE
W. PALM BEACH FL 33401-5010~~

~~ONE CLEARLAKE CENTRE SUITE 201
250 AUSTRALIAN AVENUE
W. PALM BEACH FL 33401-5010~~

2. Principal Place of Business

21 **1 BERMUDA LAKE DR.**

Suite, Apt. #, etc.

22
23 **PALM BEACH GARDENS**

City & State

Zip

24 **33418**

Country

2a. Mailing Address

26 **1 BERMUDA LAKE DR.**

Suite, Apt. #, etc.

27
28 **PALM BEACH GARDENS**

City & State

Zip

29 **33418**

Country

3. Date Incorporated or Qualified

11/02/1995

3a. Date of Last Report

4. FEI Number

65-0630400

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$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

~~CRAMER, DARYL B. ESQ.
ONE CLEARLAKE CENTRE SUITE 201
250 AUSTRALIAN AVENUE
W. PALM BEACH FL 33401-5010~~

10. Name and Address of New Registered Agent

81 Name **ALBERT M. GOLDSTEIN**
82 Street Address (P.O. Box Number is Not Acceptable)
40 GOLDSTEIN & MORRIS
83 **501 FIFTH AVE**
84 City **NEW YORK, NY**
85 Zip Code **10017**

11. Pursuant to the provisions of Sections 607.0507 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

3/13/96

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **AMAZON, CAROLINE E.**
STREET ADDRESS **250 AUSTRALIAN AVENUE SOUTH SUITE 201**
CITY-ST-ZIP **W. PALM BEACH FL 33401-5010**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **AMAZON, CAROLINE E.**
1.3 STREET ADDRESS **250 AUSTRALIAN AVENUE SOUTH SUITE 201**
1.4 CITY-ST-ZIP **W. PALM BEACH, FL 33401-5010**

2.1 TITLE **PRESIDENT** ☐ Change ☐ Addition
2.2 NAME **CAROLINE AMAZON**
2.3 STREET ADDRESS **1 BERMUDA LAKE DR.**
2.4 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/96

Exemptions Phone #

CR2E034 (12/95)