FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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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

3. Date Incorporated or Qualified: 11/02/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1 BERMUDA LAKE DR,	26 1 BERMUDA LAKE DR,
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: PALM BEACH GARDENS	28 City & State: PALM BEACH GARDENS
24 Zip: 33418 25 Country	29 Zip: 33418 30 Country

4. FEI Number: 65-0630400 ☐ 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

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: CAROLINE AMAZON
82 Street Address (P.O. Box Number is Not Acceptable): ONE BERMUDA LAKE DR
83 PALM BEACH GARDENS
84 City: FLORIDA ZIP: 33418 85 Zip Code: 33418

11. Pursuant to the provisions of Sections 607.0505 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: Caroline Amazon 3/13/96
Signature of new registered agent (required if applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	AMAZON, CAROLINE E	1.2 NAME	
STREET ADDRESS	2501 AUSTRALIAN AVENUE SOUTH, SUITE 201	1.3 STREET ADDRESS	250 AUSTRALIAN AVENUE SOUTH, SUITE 201
CITY-ST-ZIP	W. PALM BEACH FL 33401-5010	1.4 CITY-ST-ZIP	W. PALM BEACH, FL 33401-5010
TITLE	☐ DELETE	2.1 TITLE	PRESIDENT ☐ Change ☐ Addition
NAME		2.2 NAME	CAROLINE AMAZON
STREET ADDRESS		2.3 STREET ADDRESS	1 BERMUDA LAKE DR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Caroline E. Amazon 3/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

SG 4-4-96
Daytime Phone #

$4.00 by Bank 200