

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000095134**

1. Corporation Name  
**Educational Facilities, Inc.**

Principal Place of Business  
**Nancy Smith  
 Rachlin Cohen & Holz  
 1 SE 3rd AVE Floor 10  
 MIAMI FL 33131-1704**

Mailing Address  
**NANCY SMITH  
 RACHLIN COHEN & HOLZ  
 1 SE 3rd AVE Floor 10  
 MIAMI FL 33131-1704**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt #, etc

26. Suite, Apt #, etc

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS ST  
 TALLAHASSEE FL 3 2301-2525**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

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)

(DATE) (Typed or printed name of registered agent and title, if applicable)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                            |          |
|----------------|----------------------------|----------|
| TITLE          | Director                   | [DELETE] |
| NAME           | Slater, Aaron              |          |
| STREET ADDRESS | 1925 Brickell Ave #D1002   |          |
| CITY-ST-ZIP    | Miami FL 33129             |          |
| TITLE          | President                  | [DELETE] |
| NAME           | Rudnitsky, Steven          |          |
| STREET ADDRESS | 345 Ocean DR. #1019        |          |
| CITY-ST-ZIP    | Miami-Beach FL 33139       |          |
| TITLE          | Vice President             | [DELETE] |
| NAME           | Rudnitsky, Robert          |          |
| STREET ADDRESS | 350 Sharon Park Dr Apt M22 |          |
| CITY-ST-ZIP    | Menlo Park CA 94025-7818   | [DELETE] |
| 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          |  | [Change] [Add] |
| NAME           |  |                |
| STREET ADDRESS |  |                |
| CITY-ST-ZIP    |  |                |
| TITLE          |  | [Change] [Add] |
| NAME           |  |                |
| STREET ADDRESS |  |                |
| CITY-ST-ZIP    |  |                |
| TITLE          |  | [Change] [Add] |
| NAME           |  |                |
| STREET ADDRESS |  |                |
| CITY-ST-ZIP    |  |                |
| TITLE          |  | [Change] [Add] |
| NAME           |  |                |
| STREET ADDRESS |  |                |
| CITY-ST-ZIP    |  |                |

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 \*\*\*\*150.00 \*\*\*\*150.00

CR2E034 (1/1/99)

14. I hereby certify that the information supplied herein is true and correct and that the information is not false or misleading. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Steven Rudnitsky*  
 SIGNATURE (TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR)  
**STEVEN RUDNITSKY  
 PRESIDENT**

4/24/99

**FILED**  
 59 APR 26 PM 1:22  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*Handwritten initials and date*

DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: 12/15/1995
- 4. FEI Number: 93-1192117 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 owes the current year Intangible Personal Property Tax: [X] Yes [ ] No
- 10. Name and Address of New Registered Agent