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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Sep 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600005986 (0)

EDUTECH CENTERS, INC.

Principal Place	e of Business	Mailing Address			- I TOO HERE TOO EDERY DELLA GOLDI WOULD GODIN	40191 00181 81118 90101 101	
18850 U.S. 19 NORTH		18850 U.S. 19 NORTH	* .				
SUITE 565		SUITE 565	SUITE 565				
CLEARWATER FL MACH 33764		CLEARWATER FL 94824-91	CLEARWATER FL SHEMMES 33764			T:	
					3. Date Incorporated or Qualified 01/17/1996	3a. Date of Last (Report
2, Principal P	lace of Business	2e. Mailing Address			4. FEI Number	A	pplied For
21		26			58-2218983		lot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional tequired
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		
Zip	Country	Zφ	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes No		
24	25 g. Name and Address of Curre	nt Pagistered Agent	30		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
1444		iit negistered Agent		31 Name	(U. Name and Address of New Neg	haterad Agent	
	IKIN, LEONARD J						
2805 U.S. 19 NORTH, SUITE 100 CLEARWATER FL 34821				Street Addr	dress (P.O. Box Number is Not Acceptable)		
OCCANTIALENTE OTOET			T	33		····	******
			-	34 City	· · · · · · · · · · · · · · · · · · ·	 85 Zip	Code
						FL	
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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered ag	(VA) oldspilone biglit bre tree	f : Bonistered	Apent signature requir	art when reinclation)	DATE	
12.		ID DIRECTORS	13.	regent algustore redun	ADDITIONS/CHANGES TO OFFIC		BS IN 12
TITLE	D	☐ DELETE	1.1 TITL	F		☐ Change	☐ Addition
NAME	ROYER, GARY L		1.2 NAN	1E			
STREET ADDRESS	1110 FERNWOOD AVE.		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	CAMP HILL PA 17011		1.4 C(T)	r-ST-ZIP			
TITLE	D	₩ DELET e	2.1 TITL	E		☐ Change	☐ Addition
NAME	WHITTINGTON, KENNETH E		2.2 NAME				
STREET ADDRESS	1110 FERNWOOD AVE.		2.3 STR	EE1 ADDRESS			
CITY-ST-ZIP	CAMP HILL PA 17011			Y-ST-ZIP			
TITLE	D AMBELLA AMBENSE	☐ DELETE	3 1 1111	1		☐ Change	noilibtiA [_]
NAME	BENNELL, LAWRENCE		3.2 NAN				1
STREET ADDRESS	1110 FERNWOOD AVE.			EET ADDRESS			
CITY-ST-ZIP	CAMP HILL PA 17011	DELETE		Y-ST-ZIP		Change	noilibh
TITLE NAME		[DECENT	4.1 T(1)L 4. 2 NAI				☐ **JUILOU
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE		DELETE	5.1 TITL		***	☐ Change	noitibtA 🔲
NAME			5.2 NAM				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				'-S1-ZIP			
TITLE		DELETE	6.1 TITL			☐ Change	noilibhA 🔲
NAME			6.2 NAM	IE			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP				-S1-ZIP			
44 Ldo borok	by certify that the information supplied	ed with this filing does not quali	fu for the o	vemetion ctates	in Section 119.07(3)(i), Florida Statutes	. I further certify tha	t the
information indicated on this annual report or supplemental among that 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of the corporation attachment with an address.							