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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000012503 (

EMPLOYEE DEVELOPMENT STRATEGIES, INC.

Principal Place of Business Mailing Address 821 N.W. 108TH AVENUE 821 N.W. 108TH AVENUE PLANTATION FL 33324 PLANTATION FL 33324-7320 3. Date Incorporated or Qualified 3a. Date of Last Report 02/05/1996 2. Principal Place of Business FEI Number 2a. Mailing Address Applied For 65-06455 Not Applicable 21 26 Suite, Apt. #, otc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zio Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 30 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TILLER, WENDY C 821 N.W. 108TH AVENUE Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE wends Tiller 821 Nov 108 Ave NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Plantation Fl 33324 C-TY - ST - ZIP 1.4 City-St-ZIP DELETE Change Addition TITLE 2.1 THILE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition HILE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. DITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Channe Addition THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CHTY+ST+ZIP

SIGNATURE

TITLE

STREET ADDRESS

CITY-ST-2IP

GONATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

6.1 TITLE

6.2 NAME

14. I do 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

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

2/21/97

954-236-2772

___ Change

Addition

FILED

Feb 26 1997 8:00am

Secretary of State