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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600033411 (5)

EDUCATIONAL APPARATUS & DEVELOPMENT CONSULTANTS.

Principal Place of Business

Mailing Address

3377 E CRYSTAL COURT WEST

3377 E CRYSTAL COURT WEST

FILED May 08 1997 8:00am Secretary of State



. FRUM INCOME.	. 94003	FALM NANDOM FL	34003-1233		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				3. Date Incorporated or Qualified 04/17/1996	3a. Date of Last Report
2. Principal Place	e of Business	2a. Mailing Addre	SS	4. FEI Number	Applied For
n		26		59-3373008	Not Applicat
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ZIP	Country	Zip	Country	8. This corporation has liability for	
4	25	29	30		☑ Yes ☐ No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New A	egistered Agent
VARKA	S, CATHERINE		81 Na	me	
	CRYSTAL COURT WEST		82 Str	eet Address (P.O. Box Number is Not Accepta	able)
PALM	HARBOR FL 34685		83	ost ribution (i .o. box ribition to ribit ribopic	
: :: :::::::::::::::::::::::::::::::::					
4 %			B4 Cit	<i>y</i>	FL 85 Zip Code
SIGNATURE SIG	amiliar with, and agcept the ob x your control of registered	My Varko agent and title if applicable	(NOTE Registered Agent sign	alure required when reinstaling)	(pril 30, 199)
12.		AND DIRECTORS	18.	ADDITIONS/CHANGES TO OFF	
· · · · · · · · · · · · · · · · · · ·	0	L_ DELI	ETE 1.1 TITLE		Change Additi
	ARKAS, CATHERINE		1.2 NAME		
	377 E CRYSTAL COURT W	/ES1	1.3 STREET ADDRE	SS	
3 <u>1</u>	PALM HARBOR FL 34685		1.4 CITY - ST - ZiP		
TITLE		☐ DEL	ETE 2.1 TITLE		☐ Change ☐ Addit
NAME 🔆			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRE	SS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELI	ETE 3.1 TITLE		☐ Change ☐ Addit
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRE	SS	
CITY-ST-ZIP		1000	3.4 CITY-ST-ZIP		
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NAME					CT CHANGE CT ADDITI
			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRE	55	
CITY-ST-ZIP			6.4 City-St-ZiP	1	

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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