

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Murtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 96000041458

1. Corporation Name

ABC EDUCATION, INC

FILED

97 JUN 20 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

915 Middle River Dr.
Suite 204

SAME

Ft. Lauderdale, FL 33304

3. Date Incorporated or Qualified

5-14-96

3a. Date of Last Report

5-14-96

4. FEI Number

65-0669811

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

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

10. Name and Address of New Registered Agent

Hilda Besner, Ph.D.
915 Middle River Dr. #204
Ft. Lauderdale, FL 33304

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Kimmel, Joel	
STREET ADDRESS	915 Middle River Dr	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	Director	☐ DELETE
NAME	Ferguson, David	
STREET ADDRESS	915 Middle River Dr	
CITY-ST-ZIP	Ft. Lauderdale	
TITLE	Treasurer	☐ DELETE
NAME	Love, William	
STREET ADDRESS	915 Middle River Dr	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	Director	☐ DELETE
NAME	Broman, Harvey	
STREET ADDRESS	915 Middle River Dr, Ft. Lauderdale	
CITY-ST-ZIP		
TITLE	Director	☐ DELETE
NAME	Uchin, Marlene	
STREET ADDRESS	915 Middle River Dr	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	Director	☐ DELETE
NAME	Burkhead, David	
STREET ADDRESS	915 Middle River Dr	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director	☐ Change ☒ Addition
12 NAME	Robert P. Kelley	
13 STREET ADDRESS	915 Middle River Dr	
14 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
21 TITLE	Director	☐ Change ☒ Addition
22 NAME	Elizabeth Love	
23 STREET ADDRESS	915 Middle River Dr	
24 CITY-ST-ZIP	Ft. Lauderdale FL 33304	
31 TITLE	Vice President	☐ Change ☒ Addition
32 NAME	Besner, Hilda	
33 STREET ADDRESS	915 Middle River Dr	
34 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
41 TITLE	Secretary	☐ Change ☒ Addition
42 NAME	Blake, Betsy	
43 STREET ADDRESS	915 Middle River Dr	
44 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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

SIGNATURE: *W.A. Love* W.A. Love

5-1-97

Date

Daytime Phone #

CR2E034 (9/96)