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

FILED
Feb 23, 1999 8:00 am
Secretary of State
02-23-1999 90053 002 ***150.00

DOCUMENT # P96000041458

1. Corporation Name

ABC EDUCATION, INC.

Principal Place of Business	Mailing Address
915 MIDDLE RIVER DRIVE SUITE 204 FT. LAUDERDALE FL 33304	915 MIDDLE RIVER DRIVE SUITE 204 FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business `21`	2a. Mailing Address `26`	3. Date Incorporated or Qualifed **05/14/1996**	
*. Suite, Apt. #, etc. `22`	Suite, Apt. #, etc. `27`	4. FEI Number **65-0669811**	Applied For / Not Applicable
City & State `23`	City & State `28`	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip `24` / Country `25`	Zip `29` / Country `30`	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.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
BESNER, HILDA F 915 MIDDLE RIVER DRIVE SUITE 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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	1.1 TITLE D	☐ Change ☑ Addition
NAME KIMMEL, JOEL	1.2 NAME Besner, Hilda	
STREET ADDRESS 915 MIDDLE RIVER DR.	1.3 STREET ADDRESS 915 middle River Dr	
CITY-ST-ZIP FT. LAUDERDALE FL 33304 ☐ DELETE	1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33304	
TITLE D	2.1 TITLE D	☐ Change ☑ Addition
NAME FERGUSON, DAVID	2.2 NAME Blake, Elizabeth	
STREET ADDRESS 915 MIDDLE RIVER DR.	2.3 STREET ADDRESS 915 middle River Dr	
CITY-ST-ZIP FT. LAUDERDALE FL 33304 ☐ DELETE	2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33304	
TITLE D	3.1 TITLE D	☐ Change ☑ Addition
NAME LOVE, WILLIAM	3.2 NAME Kelley, Robert	
STREET ADDRESS 915 MIDDLE RIVER DR.	3.3 STREET ADDRESS 915 middle River Dr	
CITY-ST-ZIP FT. LAUDERDALE FL 33304 ☑ DELETE	3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33304	
TITLE D	4.1 TITLE	☐ Change ☐ Addition
NAME BROMAN, HARVEY	4.2 NAME	
STREET ADDRESS 915 MIDDLE RIVER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33304 ☐ DELETE	4.4 CITY-ST-ZIP	
TITLE D	5.1 TITLE	☐ Change ☐ Addition
NAME URCHIN, MARLENE	5.2 NAME	
STREET ADDRESS 915 MIDDLE RIVER DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33304 ☐ DELETE	5.4 CITY-ST-ZIP	
TITLE D	6.1 TITLE	☐ Change ☐ Addition
NAME BURKHEAD, DAVID	6.2 NAME	
STREET ADDRESS 915 MIDDLE RIVER DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33304 ☐ DELETE	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _Blake_ SIGNATURE Elizabeth Blake, Treasurer 1/15/99 (954) 763-6551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Date, Daytime Phone #

CR2E034 (11/98)