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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000077040 (9)

1. Corporation Name
HOME WORKS EDUCATIONAL PRODUCTS INC.

Principal Place of Business	Mailing Address
783 GLOUCHESTER ST. BOCA RATON FL 33487	783 GLOUCHESTER ST. BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 9/16/1996	
21	26 P.O. BOX 7071	4. FEI Number: 65-0705937	Applied For / Not Applicable
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: 23	City & State: 28 BOCA RATON, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 / Country: 25	Zip: 29 33431 / Country: 30 PALM BEACH	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LICHTMAN, CHUCK 8211 W. BROWARD BLVD., STE. 310 PLANTATION, FL 33324	81 Name: THOMAS BLANCHARDO 82 Street Address (P.O. Box Number is Not Acceptable): 783 GLOUCHESTER STREET 83 84 City: BOCA RATON FL 85 Zip Code: 33487

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] THOMAS M. BLANCHARDO 4/5/98
(Signature of Registered Agent - Typed or Printed Name 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	CHAIRMAN OF THE BOARD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BLANCHARDO, THOMAS M.	1.2 NAME	
STREET ADDRESS	783 GLOUCHESTER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	JS 4-21
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	500002495249 -04/21/98--01049--032 ***150.00
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: [signature] THOMAS M. BLANCHARDO 4/5/98 5619881103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)