

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

DOCUMENT # P96000077812

1. Corporation Name

EDUCATIONAL DIRECTIVES, INC.

Principal Place of Business

**8818-C GOODBY'S EXEC. DRIVE
JACKSONVILLE FL 32217**

Mailing Address

**8818-C GOODBY'S EXEC. DRIVE
JACKSONVILLE FL 32217**

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90034 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1996

4. FEI Number

59-3401525

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3601 Hendricks Avenue

2a. Mailing Address

26 3601 Hendricks Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JACKSONVILLE, FLA

City & State

28 JACKSONVILLE, FLA

Zip Country

24 32207 25 USA

Zip Country

29 32207 30 USA

9. Name and Address of Current Registered Agent

**CHAKNIS, MANUEL
8818-C GOODBY'S EXEC. DRIVE
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

81 Name

82 KAPLAN, SHELDON J.

83 3601 Hendricks Avenue

84

City JACKSONVILLE

FL

85 Zip Code 32207

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

4/5/99

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **KAPLAN, SHELDON J**

STREET ADDRESS **3601 HENDRICKS AVE**

CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **ST** ☐ DELETE

NAME **CHAKNIS, MANUEL**

STREET ADDRESS **8818-C GOODBY'S EXEC. DRIVE**

CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/99 (904) 396-2666
X 125

CR2E034 (11/98)