

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000054094 (2)

1. Corporation Name

THE EDUCATION "COLLABORATORY", INC.

Principal Place of Business

Mailing Address

6061 BALBOA CIRCLE, #106
BOCA RATON FL 33433

6061 BALBOA CIRCLE, #106
BOCA RATON FL 33433

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HCRM CORP.
2200 CORPORATE BOULEVARD, N.W.
SUITE 401
BOCA RATON FL 33431

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	NAME	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STREET ADDRESS	1.2 NAME	MARK GARTH M. CARLSON	
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	6061 BALBOA CIR. #106	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	NAME	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STREET ADDRESS	2.2 NAME	JOSEPHINE GOLLA	
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	6061 BALBOA CIR. #101	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	NAME	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STREET ADDRESS	3.2 NAME	ROBERT TAYLOR	
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	149 N.W. 70TH ST # 304	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	4.2 NAME		
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	5.2 NAME		
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	6.2 NAME		
STREET ADDRESS	CITY-ST-ZIP	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.

CR2E034 (1097)

SIGNATURE

Mark G. Carlson

3/10/98