

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90110 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000055409					
1. Corporation Name EDUCATIONAL ALTERNATIVES, INC.					
Principal Place of Business 15006 S.W. 141 COURT MIAMI FL 33186			Mailing Address 15006 S.W. 141 COURT MIAMI FL 33186		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 10118 S.W. 107th Avenue Suite, Apt. #, etc. City & State Miami, FL Zip 33176		2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 06/23/1997	
22		27		4. FEI Number 65-0778206	
23		28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25		30		7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	
8. Name and Address of Current Registered Agent BAIL, STEPHEN D 15006 S.W. 141 COURT MIAMI FL 33186			10. Name and Address of New Registered Agent		
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.			91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City FL 95 Zip Code		
SIGNATURE <i>[Signature]</i>			DATE		
12. OFFICERS AND DIRECTORS					
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)(f), 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 even attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)