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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000080435 1. Corporation Name PARKER EDUCATION CONSULTANTS, INC.					
Principal Place of Business CENTURY VILLAGE.COVENTRY B.#28 WEST PALM BEACH FL 33417			Mailing Address CENTURY VILLAGE.COVENTRY B.#28 WEST PALM BEACH FL 33417		
2. Principal Place of Business 21 120 LAKE SHORE DRIVE Suite, Apt. #, etc. 22 237 City & State 23 WEST PALM BEACH FL Zip 24 33408 Country 25 U.S.		2a. Mailing Address 26 120 LAKE SHORE DR Suite, Apt. #, etc. 27 237 City & State 28 WEST PALM BEACH FL Zip 29 33408 Country 30 U.S.		3. Date Incorporated or Qualified 09/14/1998 4. FEI Number 72-1400871 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent FITTANTO, DOLORES A CENTURY VILLAGE.COVENTRY B.#28 WEST PALM BEACH FL 33417			10. Name and Address of New Registered Agent 81 Name FITTANTO, DOLORES A 82 Street Address (P.O. Box Number is Not Acceptable) CENTURY VILLAGE COVENTRY B.#28 83 120 LAKE SHORE DR. #237 84 WEST PALM BEACH FL 85 Zip Code 33408		
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 <i>Dolores A. Fittanto</i> DOLORES A. FITTANTO DATE 4/24/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.1 TITLE PRESIDENT 1.2 NAME DOLORES A. FITTANTO 1.3 STREET ADDRESS 120 LAKE SHORE DR. #237 1.4 CITY-ST-ZIP WEST PALM BEACH FL 33408 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: *Dolores A. Fittanto* **DOLORES A. FITTANTO** DATE **4/24/99** DAYTIME PHONE # **561-616-8244**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)