Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90061 010 ***150.00

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 # C22020

1. Corporation THE EDI	UCATION STATION INC.	,					
Principal Place	e of Business	Mailing Address				FI MINTE ALALS BIRTI NINIE NI	1911 01911 1001
2045 S. BABCOCK ST. MELBOURNE FL 32901 2045 S BABCOCK ST. MELBOURNE FL 32901 MELBOURNE FL 32901						. 5.40 004 05	
US		US			DO NOT WRITE IN	I THIS SPACE	
					3. Date Incorporated or Qualifed 03/15/1991		
. 2. Principal Pi	lace of Business	2a. Mailing Address	· - · · ·		4. FEI Number 58-3067713- 59 - 306	1713 Apr	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Red	
City & State		City & State			6. Election Campaign Financing	\$5.00	Mary Bo
23		28			Trust Fund Contribution	Added to	- 1
Zip 24	Country 25	Zip 29	Country 30	•	This corporation owes the current y Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regis	stered Agent	
		•	81 Na	ame			Ì
	IL, DAVID L.		82 St	reet Addre	ss (P.O. Box Number is Not Acceptable)		
2045 S. BABCOCK ST.				,			
MEL	BOOURNE FL 32901		83				Ì
			84 Ci	ity		FL 85 Zip C	ode
office or r	egistered agent, or both, in the State	of Florida, Such change was	ites, the above-hal	neu corpo	ration submits this statement for the purp	annointment as rec	rictored
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fi	authorized by the forida Statutes. E: Registered Agent signa		when reinstating) C	ATE	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fi	orida Statutes.			ATE RS AND DIRECTO	RS IN 12
agent. I a SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOT	orida Statutes. E: Registered Agent signa		when reinstating) C	ATE	
agent. I a SIGNATURE 12.	m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOT ND DIRECTORS	E: Registered Agent signs		when reinstating) C	ATE RS AND DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A P PFEIL, DAVID L. 3730 BIG PINE RD.	ent and title if applicable. (NOT ND DIRECTORS	E: Registered Agent signal 13. 1.1 TITLE	ature required v	when reinstating) C	ATE RS AND DIRECTO	RS IN 12
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CITY-ST-ZIP 14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS