04221999-90123-002-\$158.75-\$158.75

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90123 002 ***158.75

ANN	UAL REPOR	₹T	鲷
	1999		1.5

DOCUMENT # S52498 1. Corporation Name EDUCATIONAL SERVICES IN SCIENCE & TECHNOLOGY, I C. (ESSTECH)				
Principal Place of Business 12043 E. HIDDEN CIR. JACKSONVILLE FL 02225	Mailing Address 12843 F. HIDDEN GIR. JACKSONNILLE PC 32225 IIS			
us	US			

C. (ESS	TECH)						
Principal Plac	e of Business	Mailing Address				Billth Billh bilati B	19(1 816(4 191)
2043 E. HIDDEN CIR.							
J acksonville Us	-16-6225	JACK sonville fl 3222 5 US			DO NOT WRITE IN TH	IS SPACE	
US		00			3. Date incorporated or Qualifed		
					05/13/1991		}
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
30		28 30 Teaber	cou la	_	59-3063506	No	t Applicable
Suite, Apt		Suite, Apt. #, etc.	7			\$8.75 A	dditlonal
22		27	-		5. Certificate of Status Desired	Fea Ra	quired
City & Sta	ie	City & State			6. Election Cempalgn Financing	\$5.00	May Be
23 70/	entern PA	26 - A/cmi/on	<u> </u>	A	Trust Fund Contribution	Adden t	n Foos
7lo	Country	Zip	Country		B. This corporation owes the current year i		
4 189	(40) ₂₅	29 18940 31	ol		Personal Property Tax.		XNo
	9. Name and Address of Current	Registered Agent			19. Name and Address of New Registers	d Agent	
			81 N	ame 🖟	ald Haddad		
	TOUFIC M. A	HAKIM.	82 S	treet Addre	ss (P.O. Box Number is Not Acceptable)		
. `	TOUFIC M. 1 30 Teaberry Newstorm,	lin , in -		477	15 norsh Hammock	-0°-	<u> </u>
	5 30 . 18200.9.		, 132 83		• •	_	ţ
	Newstown.	PA 18940: 5 F	84 C	ity -		85 Zip C	ode
				rac	itsomille F	L 1322	224
11. Pursuant office or agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligati	2 and 607.1508, Florida Statutes of Florida, Such change was auti ions of, Section 607.0505, Florid	, the above-na norized by the a Statutes.	corporation	ration submits this statement for the purpose is board of directors. I hereby accept the app	of changing its ointment as rec	registered gistered
SIGNATURE		In Haddac		_		779	
CICIOTOTE	Signature, typed or printed name of registered agent		egistered Agent sign	nature required		VID DIDE 070	DC (N. 42
12.	OFFICERS AND		13.	15	ADDITIONS/CHANGES TO OFFICERS /	. Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE	4	BUFIC M. HAKIM	W 10	
NAME	HAKIM, TOUFIC M.		12 NAME				1
STREET ADDRESS	12643 E HIDDENTON 307	Teabery la.	1.3 STREET ADD	RESS J	readory in service pa 18940		
CITY-ST-ZIP	12643 E HIDDEN CIR. 30 TAGKSONVILLE FL	DELETE	1.4 C/TY-ST-ZIP	^	jewioun; Ppt 18110	☐ Change	Addition
TILE	PA	1X440	2.1 TITLE				
NAME	, ,	10 / 10	2.2 NAME				j
STREET ADDRESS	i }		2.3 STREET ADD				1
CITY-ST-ZIP			2.4 CTTY-ST-ZE	<u>`</u>		Change	Addition
TITLE		☐ DELETE	3.1 TITLE	- }		Change	
NAME '			3.2 NAME				}
STREET ADDRESS			3.3 STREET ADD		•		1
CITY-ST-ZIP			3.4. CITY-ST-ZIF	<u>, </u>	<u> </u>	Change	Addition
TITLE		☐ DELETE	4.1 TITLE				
NAME			4.2 NAME		•		
STREET ADDRESS	s		4.3 STREET ADD	RESS			1
CITY-ST-ZIP			4.4 CTTY-ST-ZEP	<u></u>	<u></u>	[]Obsessed	TT Addition
TITLE		☐ DELETE	5.1 TITLE			Change Change	Addition
NAME	i		5.2 NAME				}
STREET ADDRESS	i		5.3 STREET ADD	1			}
CITY-ST-ZIP	<u> </u>		54 CITY-ST-ZIP	<u> </u>		F Charact	Addition
TITLE		□ DELETE	6.1 TTLE			Change	
				1			1
NAME			8.2 NAME				}
STREET ADDRESS	3		8.2 NAME 6.3 STREET ADO	RESS			

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 eath; 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 OF PRINTED HAME OF SIGNAND OFFICER OF DIRECTOR 本文DE SEQUIRED