

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

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **S62894** (8)
1. Corporation Name
EDUCATIONAL TRAVEL FOR EVERYONE, INC.



Principal Place of Business
**3380 CAPITAL CIRCLE NE
SUITE 2
TALLAHASSEE FL 32308**

Mailing Address
**3380 CAPITAL CIRCLE NE
SUITE 2
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|------------|------------------------|------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/27/1991 | |
| 21 | | 26 | | 4. FEI Number 59-3080583 | Applied For <input type="checkbox"/> Not Applicable |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 City & State | | 28 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Zip | 25 Country | 29 Zip | 30 Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**BUTLER, NEIL H.
322 BEARD STREET
TALLAHASSEE FL 32302**

10. Name and Address of New Registered Agent

| | |
|----|--|
| 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 | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WACKSMAN, JAMES F | 1.2 NAME | |
| STREET ADDRESS | 3380 CAPITAL CIR NE, #2 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | 1.4 CITY-ST-ZIP | |
| TITLE | C <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEEN, J VELMA II | 2.2 NAME | |
| STREET ADDRESS | 504 SWEETWATER CLUB CIR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL | 2.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, M LANCE | 3.2 NAME | |
| STREET ADDRESS | 302 3RD ST, #1 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEPTUNE BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRANCESCHI, LEE ANN | 4.2 NAME | |
| STREET ADDRESS | 2909 IVANHOE RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WACKSMAN, CATHY | 5.2 NAME | |
| STREET ADDRESS | 2844 STONEGATE WAY | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEEN, SHARON | 6.2 NAME | |
| STREET ADDRESS | 504 SWEETWATER CLUB CIR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL | 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.

SIGNATURE: *[Signature]* 1/8/98 8:32:55 3216

CR2E034 (10/97)