

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

FILED

May 23 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # V01111 (6)
1. Corporation Name
EDUCATIONAL SERVICES FOR HEALTH OCCUPATIONS, INC



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| Principal Place of Business 1855 S MILITARY TRAIL WEST PALM BCH FL 33415 US | Mailing Address 1855 S MILITARY TRAIL WEST PALM BCH FL 33415-6405 US |
|--|---|

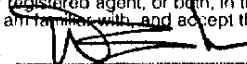
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|--|---------------------------------------|
| 3. Date Incorporated or Qualified 12/19/1991 | 3a. Date of Last Report 06/21/1996 |
| 4. FEI Number 65-0303923 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 |
|---|--|

9. Name and Address of Current Registered Agent
NIXON, WILLIAM E
21 WHISPERING OAKS CIRCLE
WEST PALM BEACH FL 33411

10. Name and Address of New Registered Agent
81 Name WILLIAM E. NIXON
82 Street Address (P.O. Box Number is Not Acceptable)
14321 DRAFT HORSE LANE
83
84 City WELLINGTON FL 85 Zip Code 33414

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  WILLIAM E NIXON DATE 5-12-97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD NIXON, ROGER D 103 HERON PARKWAY ROYAL PALM BEACH FL 33411 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD NIXON, MARTHA R 117 BARCELONA DRIVE ROYAL PALM BCH FL 33411 <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCHIELE, WILLARD A PHD. 3019 MARINER WAY LANTANA FL 33462 <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD NIXON, WILLIAM E 117 BARCELONA DRIVE ROYAL PALM BEACH FL 33411 <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | Director Nixon, William E. 14321 Draft Horse Lane Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | STD Nixon, Sean C. 117 Barcelona Drive Royal Palm Beach, FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | CFO Jones, Jack D. 3555 South Ocean Blvd, #415 South Palm Beach, FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

14. I do 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:  WILLIAM E. NIXON S/T DATE 5-12-97

CR2E034 (9/96)