

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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



Principal Place of Business 1955 S MILITARY TRAIL WEST PALM BCH FL 33415 US	Mailing Address 1955 S MILITARY TRAIL WEST PALM BCH FL 33415 US
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 12/19/1991	
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 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

10. Name and Address of New Registered Agent

~~NIXON, WILLIAM E~~
~~14321 DRAFT HORSE LANE~~
~~WELLINGTON FL 33414~~

81 Name Sean C. Nixon
82 Street Address (P.O. Box Number is Not Acceptable) 117 Barcelona Drive
83
84 City Royal Palm Beach FL
85 Zip Code 33411

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 **Sean C. Nixon, Secretary**

Signature typed or printed name of registered agent, as applicable

(NOTE: Registered Agent signature required when reinstating)

4-29-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD	<input type="checkbox"/> DELETE
NAME NIXON, SEAN C	
STREET ADDRESS 117 BARCELONA DRIVE	
CITY-ST-ZIP ROYAL PALM BEACH FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME NIXON, MARTHA R	
STREET ADDRESS 117 BARCELONA DRIVE	
CITY-ST-ZIP ROYAL PALM BCH FL 33411	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME SCHIELE, WILLARD A PHD.	
STREET ADDRESS 3019 MARINER WAY	
CITY-ST-ZIP LANTANA FL 33462	
TITLE D	<input type="checkbox"/> DELETE
NAME NIXON, WILLIAM E	
STREET ADDRESS 15321 DRAFT HORSE LANE	
CITY-ST-ZIP ROYAL PALM BEACH FL	
TITLE CFO	<input checked="" type="checkbox"/> DELETE
NAME JONES, JACK D	
STREET ADDRESS 3555 SOUTH OCEAN BLVD., #415	
CITY-ST-ZIP SOUTH PALM BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Nixon, Sean C.	
1.3 STREET ADDRESS 117 Barcelona Drive	
1.4 CITY-ST-ZIP Royal Palm Beach, FL 33411	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Pinkernan, Billy E., Jr.	
2.3 STREET ADDRESS 119 Waterway Village Court	
2.4 CITY-ST-ZIP West Palm Beach, FL 33411	
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 PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Nixon, William E.	
4.3 STREET ADDRESS 119 Waterway Village Court	
4.4 CITY-ST-ZIP West Palm Beach, FL 33413	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Nixon, Roger D.	
6.3 STREET ADDRESS 119 Waterway Village Court	
6.4 CITY-ST-ZIP West Palm Beach, FL 33412	

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 or on an attachment with an address.

SIGNATURE:

(561)968-4637

CR2E034 (10/97)