

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 12 1996 8:00 am
Secretary of State

DOCUMENT # 342248 (2)

1. Corporation Name

AMERICAN LEARNING SYSTEMS, INC.



Principal Place of Business

12200 W. BROWARD BLVD.
PLANTATION FL 33325

Mailing Address

12200 W. BROWARD BLVD.
PLANTATION FL 33325

2. Principal Place of Business

21

Suite, Apt., etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

SHAHADY, TOM
100 NE 3RD AVE. STE. 850
FT. LAUDERDALE FL 33301-1146

2a. Mailing Address

26

Suite, Apt., etc.

27

City & State

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Zip

Country

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3. Date Incorporated or Qualified

02/27/1969

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1235428

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

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 607.1502, 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 607.0502, Florida Statutes.

SIGNATURE

Signature of person authorized to sign this report

Signature of person authorized to sign this report

DATE

12. OFFICERS AND DIRECTORS

TITLE

PTDS

☐ DELETE

NAME

LAURIE, WILLIAM R

STREET ADDRESS

401 N.W. 127TH AVE. #12

CITY-ST-ZIP

PLANTATION FL 33325

TITLE

☐ DELETE

NAME

STREET ADDRESS

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

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