

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **526058** (3)

1. Corporation Name

**LEARNING PUBLICATIONS, INC.**



Principal Place of Business

Mailing Address

5351 GULF DR.  
P. O. BOX 1338  
HOLMES BEACH FL 34218

5351 GULF DR.  
P. O. BOX 1338  
HOLMES BEACH FL 34218

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

02/12/1977

3a. Date of Last Report

04/27/1995

4. FEI Number

59-1686365

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ERICKSON, EDESEL~~  
~~5351 GULF DR PO BOX 1338~~  
~~P. O. BOX 1338~~  
~~HOLMES BEACH FL 34217~~

81 Name **Ruth Erickson**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5351 Gulf Dr.**  
83  
84 City **Holmes Beach FL** 85 Zip Code **34217**

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEP	<input checked="" type="checkbox"/> DELETE
NAME	ERICKSON, EDESEL	
STREET ADDRESS	4748 INDEPENDENCE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	ERICKSON, RUTH	
STREET ADDRESS	4748 INDEPENDENCE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCEROY, ALAN	
STREET ADDRESS	6436 GREEN RIDGE AVE	
CITY-ST-ZIP	NEW CARLISLE OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGEE, WAYNE	
STREET ADDRESS	4835 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRITZ, ERICKSON	
STREET ADDRESS	406 STONEGATE CT	
CITY-ST-ZIP	MILLERSVILLE PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>John Vonk</b>	
1.3 STREET ADDRESS	<b>125 S. 6th St.</b>	
1.4 CITY-ST-ZIP	<b>LaSalle, CD 80645</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Alan Mc. Evoy</b>	
3.3 STREET ADDRESS	<b>6436 Green Ridge</b>	
3.4 CITY-ST-ZIP	<b>New Carlisle, OH</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ruth Erickson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

941 778-6651

Daytime Phone #

CR2E034 (12/95)