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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90211 017 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 526058

1. Corporation Name  
 LEARNING PUBLICATIONS, INC.



Principal Place of Business: 5351 GULF DR. P. O. BOX 1338 HOLMES BEACH FL 34218  
 Mailing Address: 5351 GULF DR. P. O. BOX 1338 HOLMES BEACH FL 34218

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/12/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1686365	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ERICKSON, RUTH 5351 GULF DR HOLMES BEACH FL 34217				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Ruth Erickson* *Ruth Erickson* 2/18/99  
 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	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	VONK, JOHN		1.2 NAME				
STREET ADDRESS	125 S. 6TH ST.		1.3 STREET ADDRESS				
CITY-ST-ZIP	LASALLE CD 80645		1.4 CITY-ST-ZIP				
TITLE	TS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ERICKSON, RUTH		2.2 NAME				
STREET ADDRESS	4748 INDEPENDENCE		2.3 STREET ADDRESS				
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MCEROY, ALAN		3.2 NAME				
STREET ADDRESS	6436 GREEN RIDGE AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	NEW CARLISLE OH		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MCGEE, WAYNE		4.2 NAME				
STREET ADDRESS	650 KEY ROYALE DRIVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	HOLMES BEACH FL 34217		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FRITZ, ERICKSON		5.2 NAME				
STREET ADDRESS	1113 12TH AVENUE		5.3 STREET ADDRESS				
CITY-ST-ZIP	HOUGHTON MI 49903		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	<i>John Scott</i>		6.2 NAME	<i>John Scott</i>			
STREET ADDRESS	<i>962</i>		6.3 STREET ADDRESS	<i>962 Whittier</i>			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<i>East Lansing MI 48823</i>			

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, with all other like empowered.

SIGNATURE: *Ruth Erickson* *Ruth Erickson* 2/18/99 941-778-6651  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)