

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J33273** (0)

1. Corporation Name  
**ALPHABET LEARNING CENTER, INC.**



Principal Place of Business: **4423 KELLY ROAD TAMPA FL 33615**  
Mailing Address: **4423 KELLY ROAD TAMPA FL 33615**

3. Date Incorporated or Qualified: **09/12/1986**  
3a. Date of Last Report: **01/26/1995**

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

4	FBI Number	Applied For
	<b>59-2720019</b>	<input type="checkbox"/> Not Applicable
5	Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIMALDO, YADIRA  
6814 MITCHELL CIR.  
TAMPA FL 33634**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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, 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, Section 607.0905, Florida Statutes.

SIGNATURE: *Hernando Grimaldo* **Hernando Grimaldo, Secretary** FEB-21-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input type="checkbox"/> DELETE
2	NAME	
3	STREET ADDRESS	
4	CITY-STATE-ZIP	
5	TITLE	<input type="checkbox"/> DELETE
6	NAME	
7	STREET ADDRESS	
8	CITY-STATE-ZIP	
9	TITLE	<input type="checkbox"/> DELETE
10	NAME	
11	STREET ADDRESS	
12	CITY-STATE-ZIP	
13	TITLE	<input type="checkbox"/> DELETE
14	NAME	
15	STREET ADDRESS	
16	CITY-STATE-ZIP	

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-STATE-ZIP	
15	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16	NAME	
17	STREET ADDRESS	
18	CITY-STATE-ZIP	
19	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20	NAME	
21	STREET ADDRESS	
22	CITY-STATE-ZIP	
23	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24	NAME	
25	STREET ADDRESS	
26	CITY-STATE-ZIP	
27	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28	NAME	
29	STREET ADDRESS	
30	CITY-STATE-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 or Block 13 if deleted, or on an attachment with an address.

SIGNATURE: *Hernando Grimaldo* **Hernando Grimaldo** FEB-21-96 (813)-884-4542  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Secretary-Treasurer*

CR2E034 (12/95)