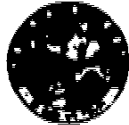


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J38428

1. Corporation Name

FLORIDA LEARNING CENTERS, INC.

APPROVED
AND
FILED

1995 MAY -1 PM 1:56

SECRETARY OF STATE
DORIS M. HARRIS
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3183 CAPITAL CIRCLE N.E.
TALLAHASSEE, FLORIDA
32308

3. Date Incorporated or Qualified

10/17/86

3a. Date of Last Report

5/94

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2728267

Applied For

Not Applicable

21. Suite, Apt #, etc

26. Suite, Apt #, etc

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23. Zip

Country

28. Zip

Country

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

DIANE REDINGER
3183 CAPITAL CIRCLE N.E.
TALLAHASSEE, FLORIDA
32308

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 607.1508, 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

Diane M. Redinger

Diane M. Redinger

4/24/95

Signature. Print or stamped name of registered agent and title if applicable.

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PRESIDENT
NAME: DIANE M. REDINGER
STREET ADDRESS: 3183 CAPITAL CIRCLE N.E.
CITY ST ZIP: TALLAHASSEE, FLORIDA 32308

1. 1. TITLE Change Addition

1.2. NAME

1.3. STREET ADDRESS

1.4. CITY ST ZIP

TITLE: VICE PRESIDENT
NAME: M. LEE REDINGER
STREET ADDRESS: 3183 CAPITAL CIRCLE N.E.
CITY ST ZIP: TALLAHASSEE, FLORIDA 32308

2. 1. TITLE Change Addition

2.2. NAME

2.3. STREET ADDRESS

2.4. CITY ST ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

3. 1. TITLE Change Addition

3.2. NAME

3.3. STREET ADDRESS

3.4. CITY ST ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

4. 1. TITLE Change Addition

4.2. NAME

4.3. STREET ADDRESS

4.4. CITY ST ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

5. 1. TITLE Change Addition

5.2. NAME

5.3. STREET ADDRESS

5.4. CITY ST ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP:

6. 1. TITLE Change 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 its 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.

SIGNATURE:

Diane M. Redinger

Diane M. Redinger

4/24/95 (904) 385-8876

PRINT OR STAMPED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER