

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J38428** (5)

1. Corporation Name
FLORIDA LEARNING CENTERS, INC.



Principal Place of Business: **3183 CAPITAL CIR N.E. TALLAHASSEE FL 32308**
Mailing Address: **3183 CAPITAL CIR N.E. TALLAHASSEE FL 32308**

3. Date Incorporated or Qualified: **10/17/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2728267**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent: **REDINGER, DIANE M. 3183 CAPITAL CIR NE TALLAHASSEE FL 32308**
10. Name and Address of New Registered Agent: 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 607.0600 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 contents of Section 607.0505, Florida Statutes.
SIGNATURE: *Diane M. Redinger* (No change in reg. agent) 5/20/96 DATE

12. OFFICERS AND DIRECTORS
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
P REDINGER, DIANE M. 3183 CAPITAL CIR NE TALLAHASSEE FL 32308
VP M. LEE REDINGER 3183 CAPITAL CIR NE TALLAHASSEE FL 32308
[Delete buttons for each entry]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1-12 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
[Change/Addition buttons for each entry]

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, 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 attached form with an address.

SIGNATURE: *Diane M. Redinger* (Typed Name) *slat 5/26* (904) 385-8076 (Typed Name)

CR2E034 (12/95)