

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 # **L49189** (8)

1. Corporation Name:
QUALITY LEARNING, INC.



Principal Place of Business: **35246 US 19 N., SUITE 189 PALM HARBOR FL 34684**
Mailing Address: **35246 US 19 N., SUITE 189 PALM HARBOR FL 34684**

3. Date Incorporated or Qualified: **02/06/1990**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-3050715**
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: **40347 US 19 N**
2a. Mailing Address: **40347 US 19 N**
21. Suite, Apt. #, etc.: **233**
26. Suite, Apt. #, etc.: **233**
22. City & State: **TARPON SPRINGS, FL**
27. City & State: **TARPON SPRINGS, FL**
23. Zip: **34689** Country: **USA**
28. Zip: **34689** Country: **USA**
24. Zip: **34689** Country: **USA**
25. Zip: **34689** Country: **USA**
29. Zip: **34689** Country: **USA**
30. Zip: **34689** Country: **USA**

9. Name and Address of Current Registered Agent:
KELLY, STEVEN
35246 US 19 N., SUITE 189
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **40347 US 19 N**
83. **SUITE 233**
84. City: **TARPON SPRINGS, FL** 85. Zip Code: **34689**

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: *Steven Kelly* (NOTE: Registered Agent signature required when reinstating)
DATE: **1/26/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, STEVEN	
STREET ADDRESS	3382 FOX HUNT DRIVE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, PATRICIA M.	
STREET ADDRESS	3382 FOX HUNT DRIVE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: *Steven Kelly* (NOTE: Registered Agent signature required when reinstating)
DATE: **1/26/96** Daytime Phone #: **813-934-1185**

CR2E034 (12/95)