

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Sep 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L49189 (8)**  
 1. Corporation Name  
**QUALITY LEARNING, INC.**



Principal Place of Business  
**40347 US 19N**  
**233**  
**TARPON SPRINGS FL 34689**  
**US**

Mailing Address  
**35246 US 19 N. SUITE 189**  
**PALM HARBOR FL 34684-1931**

3. Date Incorporated or Qualified  
**02/06/1990**

3a. Date of Last Report  
**02/01/1996**

2. Principal Place of Business	2a. Mailing Address
21 <b>4787 KLOSTERMAN OAKS BLVD</b>	26 <b>4787 KLOSTERMAN OAKS BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 <b>RA</b>
City & State	City & State
23 <b>PALM HARBOR, FL</b>	28 <b>PALM HARBOR, FL</b>
Zip	Zip
24 <b>34683</b>	29 <b>34683</b>
Country	Country
25 <b>PINELLAS</b>	30 <b>PINELLAS</b>

4. FEI Number  
**59-3050715**

Applied For  
 Not Applicable

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

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  
**KELLY, STEVEN**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4787 KLOSTERMAN OAKS BLVD**

83

84 City  
**PALM HARBOR**

85 Zip Code  
**FL 34683**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>KELLY, STEVEN</b>	
STREET ADDRESS	<b>3382 FOX HUNT DRIVE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>KELLY, PATRICIA M.</b>	
STREET ADDRESS	<b>3382 FOX HUNT DRIVE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>KELLY, STEVEN</b>		
1.3 STREET ADDRESS	<b>4787 KLOSTERMAN OAKS BLVD</b>		
1.4 CITY-ST-ZIP	<b>PALM HARBOR, FL 34683</b>		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>KELLY, PATRICIA M.</b>		
2.3 STREET ADDRESS	<b>4787 KLOSTERMAN OAKS BLVD</b>		
2.4 CITY-ST-ZIP	<b>PALM HARBOR, FL 34683</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: **STEVEN KELLY** 9/1/97 812-938-6452

CFR2034 (9/96)