

PROFIT CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90148 024 \*\*\*150.00

DOCUMENT # L59940

1. Corporation Name  
PROFESSIONAL LEARNING CENTER, INC.

Principal Place of Business: SW 57TH AVE, BOCA RATON FL 33433  
Mailing Address: 280 PLANDOME RD, MANHASSET NY 11030 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/21/1990

4. FEI Number: 65-0386987  
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 owes the current year Intangible Personal Property Tax:  Yes  No

Principal Place of Business: 22354 SW 57th Ave, Boca Raton FL  
Mailing Address: 22354 SW 57th Ave, Boca Raton FL  
City & State: BOCA RATON FL  
Zip: 33433

9. Name and Address of Current Registered Agent

ASTOR, LIONEL  
22354 SW 57TH AVE  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

D	ASTOR, LIONEL	22354 SW 57TH AVE	BOCA RATON FL 33433	<input type="checkbox"/> DELETE
D	ASTOR, PATRICIA	22354 SW 57TH AVE	BOCA RATON FL 33433	<input type="checkbox"/> DELETE
D	MEINBERG, MARK	280 PLANDOME RD	MANHASSET NY 11030	<input type="checkbox"/> DELETE
D	GUTTERMAN, MARK	280 PLANDOME RD	MANHASSET NY 11030	<input type="checkbox"/> DELETE
D	FELDMAN, BURTON	280 PLANDOME RD	MANHASSET NY 11030	<input type="checkbox"/> DELETE

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	

I 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, with all other like empowered.

SIGNATURE: *Mark Meinberg* Mark Meinberg 4/24/00 (516) 365-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)