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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N37077 (7)

1. Corporation Name

THREE - H LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
18106 PARRISH GROVE ROAD DADE CITY FL 33525	18106 PARRISH GROVE ROAD DADE CITY FL 33523-6541

3. Date Incorporated or Qualified: 03/09/1990
3a. Date of Last Report: 07/29/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0193322 ☐ 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

COLOM, BARTOLOME
18106 PARISH GROVE ROAD
DADE CITY FL 33525

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ARROYO, DANIEL		1.2 NAME	
STREET ADDRESS	1050 BOB WHITE TRAIL		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL 32766		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WEIDMAN, STANLEY		2.2 NAME	
STREET ADDRESS	952 DANS PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCRIBNER, JOHN		3.2 NAME	
STREET ADDRESS	7738 FRONTIER DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	YALAHA FL 34797		3.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COLOM, BARTOLOME		4.2 NAME	
STREET ADDRESS	18106 PARRISH GROVE ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FARLER, SCOTT		5.2 NAME	
STREET ADDRESS	1124-B HERNANDO ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34949		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	RIVERA, CARLOS		6.2 NAME	
STREET ADDRESS	9102 S.W. 179 STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/4/97 352-334-2826