


FILE NOW: FILING FEE IS \$61.25

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Mar 17 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 # N41284 (3)
1. Corporation Name
LEARN TO READ, INC.



Principal Place of Business Mailing Address

92 RIVERSIDE AVENUE JACKSONVILLE FL 32202 92 RIVERSIDE AVENUE JACKSONVILLE FL 32202-4922

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1300 Riverplace Blvd.		26		12/14/1990		03/25/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 320 - 9		27		23-7153919		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Jacksonville, FL		28		<input type="checkbox"/>		5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24 32207		25 U.S.A.		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEDENER, ROBIN ST JOHN & PARTNERS 6650 SOUTHPOINTE, SUITE 200 JACKSONVILLE FL 32216				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				12921 Palmetto Glade Dr.			
				84 City			
				Jacksonville FL 85 Zip Code 32246			

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 *Walt Pfeil* DATE 1/15/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, LARRY	1.2 NAME	Walt Pfeil
STREET ADDRESS	8437 ARTIS COURT	1.3 STREET ADDRESS	12921 Palmetto Glade Dr.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32246
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D (VP) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEDEWER, ROBIN	2.2 NAME	Randy Herndon, CPA
STREET ADDRESS	6650 SOUTHPOINTE, SUITE 200	2.3 STREET ADDRESS	P. O. Box 550507
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	Jacksonville, FL 32255 N/A
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D (VP) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEIL, WALT	3.2 NAME	David Foster
STREET ADDRESS	12921 PALMETTO GLADE DR	3.3 STREET ADDRESS	1301 Riverplace Blvd., Ste. #1500
CITY-ST-ZIP	JACKSONVILLE FL 32246	3.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, BILL	4.2 NAME	Hortense Brewington
STREET ADDRESS	3439 FITCH ST.	4.3 STREET ADDRESS	2926 Ribault Scenic Dr.
CITY-ST-ZIP	JACKSONVILLE FL 32205	4.4 CITY-ST-ZIP	Jacksonville, FL 32208
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWINGTON, HORTENSE	5.2 NAME	Hank Patterson
STREET ADDRESS	2926 RIBAULT SCENIC DR.	5.3 STREET ADDRESS	1715 Red Cypress Dr.
CITY-ST-ZIP	JACKSONVILLE FL 32208	5.4 CITY-ST-ZIP	Jacksonville, FL 32223
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNDON, RANDY CPA	6.2 NAME	
STREET ADDRESS	P.O. BOX 550507, N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32255	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)