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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N97000003216

1. Corporation Name
COMPUTERAGE LEARNING CENTER, INC.

603071 - 90011 - 44

Principal Place of Business	Mailing Address
2963 FOREST HILL BLVD SUITE D WEST PALM BEACH FL 33406 US	2963 FOREST HILL BLVD SUITE D WEST PALM BEACH FL 33406 US

2. Principal Place of Business	2a. Mailing Address
21 c/o Dianne Gorbach	26 c/o Dianne Gorbach
Suite, Apt. #, etc. 22 8852-C Marge CT	Suite, Apt. #, etc. 27 8852-C Marge CT
City & State 23 Boynton Bch, FL	City & State 28 Boynton Bch, FL
Zip / Country 24 33436 25 USA	Zip / Country 29 33436 30 USA

3. Date Incorporated or Qualified: 06/02/1997

4. FEI Number: 31-1548627 ☐ 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

9. Name and Address of Current Registered Agent

GAMINARA, DAVID
1580 A FOREST LAKES CIRCLE
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name: Dianne Gorbach
82 Street Address (P.O. Box Number is Not Acceptable): 8852-C Marge CT
83
84 City: Boynton Bch FL 85 Zip Code: 33436

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: Dianne B. Gorbach — DATE: 8/3/99
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	PD	☒ DELETE	1.1 TITLE	President / D	☒ Change ☐ Addition
NAME	GAMINARA, DAVID		1.2 NAME	Dianne Gorbach	
STREET ADDRESS	1580 A FOREST LAKES CIRCLE		1.3 STREET ADDRESS	8852-C Marge CT	
CITY-ST-ZIP	WEST PALM BEACH FL 33406		1.4 CITY-ST-ZIP	Boynton Bch, FL 33436	
TITLE	SD	☒ DELETE	2.1 TITLE	Secretary / D	☐ Change ☒ Addition
NAME	OLSON, GARY		2.2 NAME	Mindy Nolan	
STREET ADDRESS	5890 S 38TH ST		2.3 STREET ADDRESS	3770-C Village Drive	
CITY-ST-ZIP	GREENACRES FL 33463		2.4 CITY-ST-ZIP	Delray Bch, FL 33445	
TITLE	TD	☐ DELETE	3.1 TITLE	Treasurer / D	☒ Change ☐ Addition
NAME	GORBACH, DIANNE		3.2 NAME	Joyce Winn	
STREET ADDRESS	8852-C MARGE CT		3.3 STREET ADDRESS	5188-Oakhill Ln #1111	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		3.4 CITY-ST-ZIP	Delray Bch, FL 33484	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 617, 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: Dianne Gorbach — SIGNATURE REQUIRED — Dianne Gorbach — 7/19/99 — 561-738-8037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dianne B. Gorbach

CR2E037 (11/98)