

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000002161 (6)
1. Corporation Name

INTERACTIVE LEARNING SYSTEMS, INC.



Principal Place of Business: PUBLIC SCHOOLS CONSULT/COMPUTERS, P O BOX 919, MONTICELLO FL 32345 US
Mailing Address: P O BOX 919, MONTICELLO FL 32345 US

3. Date Incorporated or Qualified: 01/07/1993
3a. Date of Last Report: 04/12/1995
4. FEI Number: 59-3167697
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

2. Principal Place of Business: 21 P.O. Box 919 Monticello, 22 Suite, Apt. #, etc: 23 Monticello, 24 Zip: 32345, 25 Country: Jefferson
2a. Mailing Address: 26 P.O. Box 919, 27 Suite, Apt. #, etc: 28 Monticello FL, 29 Zip: 32345, 30 Country: Jefferson

9. Name and Address of Current Registered Agent: GREEN, RONNY, RT. 4 BOX 4167, MONTICELLO FL 32344

10. Name and Address of New Registered Agent: 81 Name: NA, 82 Street Address (P.O. Box Number is Not Acceptable): NA, 83 City: NA, 84 City: NA, 85 Zip Code: FL

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: _____ (Signature of person or persons changing office and title applicable) (Date) Registered Agent signature required when reinstating. _____ DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	GREEN, RONNY	
STREET ADDRESS	RT. 4 BOX 4167	
CITY - ST - ZIP	MONTICELLO FL 32344	
TITLE	SVP	<input type="checkbox"/>
NAME	GREEN, DELORES	
STREET ADDRESS	RT 4 4167	
CITY - ST - ZIP	MONTICELLO FL	
TITLE	BM	<input type="checkbox"/>
NAME	SYNDER, WILLIM	
STREET ADDRESS	RT 3 BOX 567-B	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	BM	<input type="checkbox"/>
NAME	SNYDER, KATHY	
STREET ADDRESS	RT 3 BOX 567-B	
CITY - ST - ZIP	TALLAHASSEE FL	
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
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS	NA.		
14 CITY - ST - ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS	NA.		
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS	NA.		
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS	NA.		
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS	NA.		
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS	NA.		
64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: Ronny Green, 6-2-96, 9974886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Date, Date of Filing

CR2E034 (3/96)