FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address
318 E. GIBSON STREET ARCADIA FL 34266	318 E. GIBSON STREET ARCADIA FL 34266

FILED Apr 15 1998 8:00am Secretary of State

DOCUMENT # P93000022939 (1) THE LEARNING TREE SCHOOL, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1993 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 65-0394975 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zıp Zip Country Country This corporation owes or has paid the current year Intangible 30 ☐ Yes □ No 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 61 BELL, SARA ANN 318 E. GIBSON STREET Street Address (P.O. Box Number is Not Acceptable) ARCADIA FL 34266 83 84 City Zip Code 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 Elorida. 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 appointment as registered agent. I am familiar with and accept the appointment as registered agent. SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition BELL, RALPH Z NAME 1.2 NAME 1928 S.E. PLUM DRIVE 1.3 STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE BELL, SARA ANN NAME 2.2 NAME 1928 S.E. PLUM DRIVE 2.3 STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY - ST - ZIP ☐ Change DELETE 6.1 TITLE Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CHY-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

SIGNATURE: