

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000056789 (7)

1. Corporation Name

LEARNING RESOURCES, INC.



Principal Place of Business: 2414 TREASURE ISLE DRIVE PALM BEACH GARDENS FL 33410
Mailing Address: 2414 TREASURE ISLE DRIVE PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified: 07/21/1995
3a. Date of Last Report

21. Principal Place of Business: 2151 AH. AIA, So.
22. Suite, Apt. #, etc.: 350
23. City & State: Jupiter, FL
24. Zip: 33477
25. Country: Palm Beach
26. Mailing Address: 2151 AH. AIA, So.
27. Suite, Apt. #, etc.: 350
28. City & State: Jupiter, FL
29. Zip: 33477
30. Country: Palm Beach

4. FEI Number: 65-0604496
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
MCDVTT, JOHN M
1645 PALM BEACH LAKES BLVD
SUITE 1200
WEST PALM BEACH FL 33401

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 607.0502 and 607.1506, 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: _____ DATE: _____
Signature typed or printed in block, last name and first initials only. If the Registered Agent signs as required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	SUGAR, LAWRENCE	1.2 NAME	Sugar, Lawrence
STREET ADDRESS	4201 CREMSON DR	1.3 STREET ADDRESS	2414 Treasure Isle Drive
CITY, ST, ZIP	PHOENIX MD 21131	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	D	2.1 TITLE	D
NAME	SUGAR, AVA B	2.2 NAME	Sugar, Ava B.
STREET ADDRESS	4201 CREMSON DR	2.3 STREET ADDRESS	2414 Treasure Isle Drive
CITY, ST, ZIP	PHOENIX MD 21131	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: Lawrence Sugar, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Jan 22, 1996
Telephone: (407) 745-1191

CR2E034 (12/95)