

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 11:58

DOCUMENT # **P10536** (1)

1. Corporation Name
LEARNING TECHNOLOGIES LTD. INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **ABBOTT BLDG., 2ND FL., P.O. BOX 933
ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLAND**

Mailing Address: **ABBOTT BLDG., 2ND FL., P.O. BOX 933
ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLAND**

3. Date Incorporated or Qualified: **06/23/1986**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2621441

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BATTEN, MICHAEL R.
BARNETT REGENCY TOWER
9550 REGENCY SQUARE BLVD., STE 1108
JACKSONVILLE FL 32225**

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 607.1508, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SMATHERS, BRUCE A.
STREET ADDRESS	1301 GULF LIFE TOWER 214
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	SMITH, HASKELL W
STREET ADDRESS	4302 EVERGREEN LANE, STE 101
CITY - ST - ZIP	ANNANDALE VA
TITLE	D
NAME	HOLMES, PETER
STREET ADDRESS	9855 REGENCY SQUARE BLVD., APT. 111
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	PARKER, ROBERT A. JR.
STREET ADDRESS	229 PEACHTREE ST., STE. 2700
CITY - ST - ZIP	ATLANTA GA
TITLE	D
NAME	SANDERS, CARL E.
STREET ADDRESS	600 PEACHTREE ST., STE. 5200
CITY - ST - ZIP	ATLANTA GA
TITLE	DP
NAME	SCHEIDEL, HERBERT W.
STREET ADDRESS	1224 THE STRAND
CITY - ST - ZIP	NEPTUNE BCH. FL

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Smathers, Bruce A.	
1.3 STREET ADDRESS	One Independent Dr., Ste. 2201	
1.4 CITY - ST - ZIP	Jacksonville, FL 32202	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(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:

Robert A. Parker, Jr.

Robert A. Parker, Jr.

1/24/95

(404) 420-4635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number