

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # L59940 (1)

1. Corporation Name
**PROFESSIONAL LEARNING CENTER, INC
DBA PROFESSIONAL LEARNING CENTER AT COUNTRY DAY**

Principal Place of Business Mailing Address
C/O FGM + CO.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22354 SW 57 AVE	26	280 PLANDOME RD.	2/15/93	5/1/95
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	Applied For
				65-0386987	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	BOCA RATON, FL	28	MANHASSET, NY	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		
	33433		11030		
			NASSAU		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ASTOR, LIONEL 22354 SW 57 AVE BOCA RATON, FL 33433				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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: _____ (NOTE: Registered Agent signature required when recording) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ASTOR, LIONEL			1.2 NAME			
STREET ADDRESS	22354 SW 57 AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ASTOR, PATRICIA			2.2 NAME			
STREET ADDRESS	22354 SW 57 AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEWBERG, MARK			3.2 NAME			
STREET ADDRESS	280 PLANDOME RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	MANHASSET, NY 11030			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUTTERMAN, MARK			4.2 NAME			
STREET ADDRESS	280 PLANDOME RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	MANHASSET, NY 11030			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FELDMAN, BURTON			5.2 NAME			
STREET ADDRESS	280 PLANDOME RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	MANHASSET, NY 11030			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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***200.00

Handwritten signature **5-1-96**

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: *Mark Hewberg* **4/26/96** **516-365-6600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARK HEWBERG

CR2E034 (12/95)