

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J83108

(7)

1. Corporation Name

LEARNING TO LEARN CORPORATION

Principal Place of Business

830 W. BROADWAY AVE
ORLANDO FL 32803
US

Mailing Address

330 W. BROADWAY AVE
ORLANDO FL 32803-5602
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/17/1987	08/09/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-2859561	Not Applicable
24 Country		30 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				6. Election Campaign Financing	\$5.00 May Be Added to Fees
				7. Trust Fund Contribution	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CATHCART, CHRISTOPHER C.
330 N. BROADWAY AVE.
ORLANDO FL 32803

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 607.1508, 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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	DP	☐ DELETE	
NAME	MAYES, ELLEN H.		
STREET ADDRESS	1792 SHARONWOOD LANE		
CITY-ST-ZIP	ROCK HILL SC		
TITLE	D	☐ DELETE	
NAME	TERBORG, LOU		
STREET ADDRESS	116 VENEVENITO		
CITY-ST-ZIP	NEW SMYRNA BCH FL		
TITLE	D	☐ DELETE	
NAME	BREWSTER, WOODBURN		
STREET ADDRESS	308 NAVAJO AVE.		
CITY-ST-ZIP	ORMOND BEACH FL		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		☐ Change ☐ Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☐ Change ☐ Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐ Change ☐ Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐ Change ☐ Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change ☐ Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change ☐ 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 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 on an attachment with an address.

SIGNATURE: 9000 SICHMANN (ELLEN H. MAYES) 4-24-97 (803) 366-4141

CR2034 (9/96)