

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **L59940** (1)
1. Corporation Name
PROFESSIONAL LEARNING CENTER, INC.

Principal Place of Business

**11354 SW 57TH AVE
BOCA RATON FL 33433**

Mailing Address

**280 PLANDOME RD
MANHASSET NY 11030
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1990

4. FEI Number

65-0386987

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

9. Name and Address of Current Registered Agent

**ASTOR, LIONEL
22354 SW 57TH AVE
BOCA RATON FL 33433**

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME
ASTOR, LIONEL
STREET ADDRESS
22354 SW 57TH AVE
CITY-ST-ZIP
BOCA RATON FL 33433**

TITLE ☐ DELETE

**D
NAME
ASTOR, PATRICIA
STREET ADDRESS
22354 SW 57TH AVE
CITY-ST-ZIP
BOCA RATON FL 33433**

TITLE ☐ DELETE

**D
NAME
MEINBERG, MARK
STREET ADDRESS
280 PLANDOME RD
CITY-ST-ZIP
MANHASSET NY 11030**

TITLE ☐ DELETE

**D
NAME
GUTTERMAN, MARK
STREET ADDRESS
280 PLANDOME RD
CITY-ST-ZIP
MANHASSET NY 11030**

TITLE ☐ DELETE

**D
NAME
FELDMAN, BURTON
STREET ADDRESS
280 PLANDOME RD
CITY-ST-ZIP
MANHASSET NY 11030**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 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 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: *Mark Meinberg* **Mark Meinberg 3/24/98 516-365-6600**

CR2E034 (10/97)