

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

FILED

Jun 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000082043 (5)

1. Corporation Name

LEARNING SYSTEMS INTERNATIONAL, INCORPORATED

Principal Place of Business

15591 DARIEN WAY
CLEARWATER FL 34624

Mailing Address

15591 DARIEN WAY
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

☒ 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

25 New Zip 33764
Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

22 City & State

23 Zip

24 Country

25

9. Name and Address of Current Registered Agent

BOLINT, ELIZABETH
2705 W. LEILA AVE.
TAMPA FL 33611

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 of agent or person authorized to appoint agent and the corporation

(NFI) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE President
NAME Drane Parker
STREET ADDRESS 15591 Darien Way
CITY-ST-ZIP Clearwater FL 33764

TITLE Vice-President
NAME M. Elizabeth Bolint
STREET ADDRESS 2705 West Leila Ave
CITY-ST-ZIP Tampa, FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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: M Elizabeth Bolint

6-5-98 (813) 839-9389

CR2E034 (1097)