

PROFIT CORPORATION  
ANNUAL REPORT  
2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90148 024 \*\*\*150.00

DOCUMENT # L59940

1. Corporation Name  
PROFESSIONAL LEARNING CENTER, INC.

Principal Place of Business  
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

Principal Place of Business  
22354 SW 57th Ave  
Suite, Apt. #, etc.

2a. Mailing Address  
26 22354 SW 57th Ave  
Suite, Apt. #, etc.

27

City & State  
BOCA RATON FL  
28 BOCA RATON FL  
Zip 33433 Country 29 33433 30 Country

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
ASTOR, LIONEL  
22354 SW 57TH AVE  
BOCA RATON FL 33433

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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D	<input type="checkbox"/> DELETE	ASTOR, LIONEL 22354 SW 57TH AVE BOCA RATON FL 33433
D	<input type="checkbox"/> DELETE	ASTOR, PATRICIA 22354 SW 57TH AVE BOCA RATON FL 33433
D	<input type="checkbox"/> DELETE	MEINBERG, MARK 280 PLANDOME RD MANHASSET NY 11030
D	<input type="checkbox"/> DELETE	GUTTERMAN, MARK 280 PLANDOME RD MANHASSET NY 11030
D	<input type="checkbox"/> DELETE	FELDMAN, BURTON 280 PLANDOME RD MANHASSET NY 11030
	<input type="checkbox"/> DELETE	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

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, with all other like empowered.

SIGNATURE: *Mark Meinberg* Mark Meinberg 4/24/00 (516) 365-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)