

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, Boca Raton FL
Mailing Address: 22354 SW 57th Ave, Boca Raton FL
City & State: BOCA RATON FL
Zip: 33433

4. FEI Number: 65-0386987
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	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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)