

PROFESSIONAL LEARNING CENTER, INC. ANNUAL REPORT



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT # L59940

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

2. Principal Place of Business 21 22354 SW 57th Ave 22 22354 SW 57th Ave 23 BOCA RATON FL 24 33433 25 26 27 28 BOCA RATON FL 29 33433 30 4. FEI Number 65-0386987 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation owes the current year Intangible Personal Property Tax.

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 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 the 0 zip code. (NOTE: If registered agent is a corporate entity, include the name of the entity.) DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like ASTOR, LIONEL, ASTOR, PATRICIA, MEINBERG, MARK, GUTTERMAN, MARK, FELDMAN, BURTON.

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Handwritten signature/initials

4. 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: [Signature] Mark Meinberg 4/2/01 (516) 365-6600

Lionel Astor 4/2/2001