PROFIT FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT

TION PORT

FLORIDA DEPARTMENT OF STAT Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

FILED Jun 03 1998 8:00am Secretary of State

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DOCUMENT #. 460633 (1)					
Learning Space, Inc.					
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		A for the second			ЛÚ
Principal Plac	AVTALANE	Mailing Address	O LANE	NAME .	1.
5202 DAVIO LANE 5202 DAVID LANE TEMPLE TERRACE, PL 33617 TEMPLE TERRACE, PL 33617					
TEMPLE TETACHOETE SOUTH TEMPLE TELESTOP					
				3. Date Incorporated or Qualified	
2. Principal P	face or Business	2a, Mailing Address		4. FEI Number	Applied For
21	26			59-1554315	Not Applicable
	Suite, Apt, # _m etc. Suite, Apt. #, etc.				.75 Additional
27			3. Cartificate of Status Costion	ee Required	
	City & State City & State		6. Election Campaign Financing \$5.00 May Be		
23 Zip	Country	Zip	Country		dded to Fees
241	25	<u></u>	30	 This corporation owes or has paid the current yes Personal Property Tax due June 30. 	
241	9. Name and Address of Currer		(90)	10. Name and Address of New Registered Agent	
1/			81 Name		
VARATER, SGALE 5202 DATID LANE 82 Street Address (P.O. Box Number is Not Accept					
230	DATE TO CANE	C 22.0	83		
TEMPLE TEXEACE, PL 33617					•
			84 City	FL 85	Zio Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607, 1508, Florida Statute	es, the above-named corp	poration supraits this statement for the ourpose of chan-	ging its registered
l office or i	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was a	suthonzed by the corporat	tion's board of directors. I hereby accept the appointment	ant as registered
SIGNATURE		,			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registand Agent s.			E: Registered Agent signature mour		13
12.	CPT OFFICERS AN	ID DIHECTORS ☐ DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	
NAME	VANATER S. GALE		12 NAME		
STREET ADDRESS	601 COLEBROOK COU	ilt	1.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL		1.4 CITY+ST+ZIP		4
TITLE	/	☐ 08LETE	2.1 TITLE	☐ CI	nange Addition
NAME	1		22 KAME		3
STREET ADDRESS	•		2.3 STREET ACORESS		***************************************
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HANTE			3.2 NAME	-06/09/9801016034	
STREET ADDRESS			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	***150.00 /	
CITY - ST - ZIP					
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!		☐ DELETE	4.1 TITLE		hange Addition
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"IAME STPEET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-DP 5.1 TITLE		nange Addition
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STREET ADDRESS SITTS ST. ZIP TITLE HAME STREET ADDRESS			4.1 TITLE 4.2 KAME 4.3 STREET ADDRESS 4.4 CITY-ST-DP 5.1 TITLE 5.2 MAME 5.3 STREET ADDRESS		6/3
"IAME STPEET ADDRESS DIT'- ST- ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP		. LJ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADCRESS 4.4 CITY-ST-ZP 5.1 TITLE 5.2 NAME 5.3 STREET ADCRESS 5.4 CITY-ST-ZP		ands Addition
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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 suppliemental 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 eddress.

SIGNATURE:

5/18/98