

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montalvo
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB 27 PM 2: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 502361 (9)

1. Corporation Name
EARLY LEARNING INSTITUTE, INC.

Principal Place of Business Mailing Address
11104 RICHLYNE ST. TAMPA FL 33617 11104 RICHLYNE ST. TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/03/1976	01/20/1994
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	59-1702440	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country	30	Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, SONIA A. 11104 RICHLYNE ST. TAMPA FL 33617				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: Sonia A. Johnson 2/9/95
Signature, typed or printed name of registered agent and the date of signature (Print the Registered Agent signature registered agent's name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SONIA A.	12 NAME	
STREET ADDRESS	11104 RICHLYNE ST.	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	CASPER D JOHNSON V.P	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11104 RICHLYNE ST	22 NAME	
STREET ADDRESS	TAMPA FL 33617	23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE	LOLITA JOHNSON Sec	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11104 RICHLYNE ST	32 NAME	
STREET ADDRESS	TAMPA FLA 33617	33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE	CLARENCE H JOHNSON Treas.	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11104 RICHLYNE ST	42 NAME	
STREET ADDRESS	TAMPA FLA 33617	43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am qualified for the exceptions stated in Sections 199.03(1)(b) 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 227, Florida Statutes, and that my name appears in Block 12 or Block 13, or on an attachment with a checkmark.

SIGNATURE: Sonia A. Johnson 2/9/95 813 988804
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR