

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 526058 (3)

1. Corporation Name

LEARNING PUBLICATIONS, INC.



Principal Place of Business

Mailing Address

5351 GULF DR.
P. O. BOX 1338
HOLMES BEACH FL 34218

5351 GULF DR.
P. O. BOX 1338
HOLMES BEACH FL 34218

3. Date Incorporated or Qualified
02/12/1977

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-1686365

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ERICKSON, EDESEL~~
~~5351 GULF DR PO BOX 1338~~
~~P. O. BOX 1338~~
~~HOLMES BEACH FL 34217~~

81 Name
Ruth Erickson
82 Street Address (P.O. Box Number is Not Acceptable)
5351 Gulf Dr.
83
84 City
Holmes Beach FL
85 Zip Code
34217

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 (to if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEP	<input checked="" type="checkbox"/> DELETE
NAME	ERICKSON, EDESEL	
STREET ADDRESS	4748 INDEPENDENCE	
CITY - ST - ZIP	BRADENTON FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	ERICKSON, RUTH	
STREET ADDRESS	4748 INDEPENDENCE	
CITY - ST - ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCEROY, ALAN	
STREET ADDRESS	6436 GREEN RIDGE AVE	
CITY - ST - ZIP	NEW CARLISLE OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGEE, WAYNE	
STREET ADDRESS	4835 GULF OF MEXICO DR	
CITY - ST - ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRITZ, ERICKSON	
STREET ADDRESS	406 STONEGATE CT	
CITY - ST - ZIP	MILLERSVILLE PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Vonk
1.3 STREET ADDRESS	125 S. 6th St.
1.4 CITY - ST - ZIP	LaSalle, CD 80645
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Alan Mc. Evoy
3.3 STREET ADDRESS	6436 Green Ridge
3.4 CITY - ST - ZIP	New Carlisle, OH
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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Erickson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

941 778-6651

Daytime Phone #

CR2E034 (12/95)