

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 MAY - 1 AM 10: 15

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 715547 (6)
1. Corporation Name
EDUCATIONAL LEARNING DEVELOPMENT CENTERS, INC.

Principal Place of Business Mailing Address
515 N. FLAGLER DRIVE, 19TH FLOOR
ATTN: BRIAN O'CONNELL
WEST PALM BEACH FL 33402-1626

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
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
11/12/1968 03/23/1994

4. FEI Number Applied For
23-7034002 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This Corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
UCC FILING & SEARCH SERVICES INC.
526 E. PARK AVE.
SUITE 100
TALLAHASSEE FL 32301

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

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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|---|
| TITLE | SD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, VIRGINIA F. | 1.2 NAME | |
| STREET ADDRESS | 60 LOUGHLIN AVE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | COS COB, CONN 06807 | 1.4 CITY - ST - ZIP | |
| TITLE | VT | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FUNKE, LUCILE | 2.2 NAME | |
| STREET ADDRESS | 62 LOUGHLIN AVE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | COS COB, CONN 06 807 | 2.4 CITY - ST - ZIP | |
| TITLE | PM | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVIS, GERALD N. | 3.2 NAME | |
| STREET ADDRESS | 60 LOUGHLIN AVE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | COS COB, CONN 06807 | 3.4 CITY - ST - ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHRISTIE, DUNCAN | 4.2 NAME | |
| STREET ADDRESS | 83 VILLAGE HILL RD | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | BELMONT MASS. 02178 | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Virginia F. Davis - Virginia F. Davis 4/21/95 203-869-0464
DATE: _____ (Type or Print Name)