

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715547 (6)

1. Corporation Name
EDUCATIONAL LEARNING DEVELOPMENT CENTERS, INC.



Principal Place of Business 515 N. FLAGLER DRIVE, 19TH FLOOR ATTN: BRIAN O'CONNELL WEST PALM BEACH FL 33402-1626	Mailing Address 515 N. FLAGLER DRIVE, 19TH FLOOR ATTN: BRIAN O'CONNELL WEST PALM BEACH FL 33402-1626
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3. Date Incorporated or Qualified 11/12/1968	
4. FEI Number 23-7034002	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 30
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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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, VIRGINIA F.	1.2 NAME	
STREET ADDRESS	80 LOUGHLIN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COS COB, CONN 06807	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNKE, LUCILE	2.2 NAME	
STREET ADDRESS	82 LOUGHLIN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COS COB, CONN 06 807	2.4 CITY-ST-ZIP	
TITLE	PM <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, GERALD N.	3.2 NAME	
STREET ADDRESS	80 LOUGHLIN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COS COB, CONN 06807	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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* (Secretary) 1-26-98 203-869 2008

CR2E037 (10/97)