

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Mar 04 1996 8:00 am  
Secretary of State

DOCUMENT # **739807** (6)

1. Corporation Name

**THE LEARNING EXPERIENCE SCHOOL, INC.**



Principal Place of Business: **536 CORAL WAY CORAL GABLES FL 33134**  
Mailing Address: **536 CORAL WAY CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **08/17/1977**  
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **59-1913861**  
Applied For:  Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25** Zip: **29** Country: **30**

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**

**CAMPBELL, SHANNON  
536 CORAL WAY  
CORAL GABLES FL 33134**

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 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	PD	<input type="checkbox"/> DELETE
NAME	SPIELER, STANLEY	
STREET ADDRESS	ONE GROVE ISLE 901	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KELLY, SASTRE	
STREET ADDRESS	936 ALGARINO	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	<del>VD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>EDENS, GEORGE</del>	
STREET ADDRESS	<del>925 COTORRO AVE</del>	
CITY-ST-ZIP	<del>CORAL GABLES FL 33146</del>	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	MIEDZIALKO, RICH	
STREET ADDRESS	550 N.W. LEJUNE RD	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPBELL, SHANNON	
STREET ADDRESS	536 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Shannon Campbell* **Shannon Campbell** 2/1/96 305-445-0475  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)