


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747972** (8)

1. Corporation Name

**FOUNDATION FOR LEARNING, INC.**

Principal Place of Business

Mailing Address

**1375 S UNIVERSITY DRIVE  
PLANTATION FL 33324**

**1375 S UNIVERSITY DRIVE  
PLANTATION FL 33324**



2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified

**07/05/1979**

4. FEI Number

**59-1926553**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~QUITO, TERE~~  
**13575 S UNIVERSITY  
PLANTATION FL 33324**

81 Name

**Norman G. Turck**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

**33324-4028**

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

*Norm G Turck*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/13/98**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KELLER, FRED J.	
STREET ADDRESS	5140 S.W. 40TH AVE. #26C	
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	
TITLE	<del>D</del>	<input type="checkbox"/> DELETE
NAME	DEPALMA, LEONARD	
STREET ADDRESS	<del>5074 G FLAMINGO RD</del>	
CITY-ST-ZIP	<del>COOPER CITY FL</del>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ALLER, SAM	
STREET ADDRESS	2040 NE 182 ST	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KRIDEL, MICHAEL	
STREET ADDRESS	14750 NW 77 CT	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KERZNER, MICHAEL	
STREET ADDRESS	<del>9200 NW 8 CT</del>	
CITY-ST-ZIP	<del>PLANTATION FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sheldon Kurland	
1.3 STREET ADDRESS	6901 SW 56 Ct.	
1.4 CITY-ST-ZIP	Davie FL 33314	
2.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2649 Nelson Court	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33322	
3.1 TITLE	<del>Arthur Taylor</del> Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Arthur Taylor	
3.3 STREET ADDRESS	1400 NW 110 Ave # 420	
3.4 CITY-ST-ZIP	Plantation FL 33322	
4.1 TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sol Block	
4.3 STREET ADDRESS	4964 NW 48 Ave	
4.4 CITY-ST-ZIP	Tamarac, FL 33319	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	143 NW 107 Terr.	
5.4 CITY-ST-ZIP	Plantation FL 33324	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dennis Wood	
6.3 STREET ADDRESS	1018 Blk St.	
6.4 CITY-ST-ZIP	Hollywood FL 33019	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: *Sol Block* **SOL BLOCK** **2/18/98** **(954) 424-3228**

CR2E037 (10/97)