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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747972

1. Corporation Name

FOUNDATION FOR LEARNING, INC.

Principal Place of Business

1357 S UNIVERSITY DRIVE
 PLANTATION FL 33324

Mailing Address

1357 S UNIVERSITY DRIVE
 PLANTATION FL 33324



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 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

9. Name and Address of Current Registered Agent

TURCK, NORMAN G.
 1357 S. UNIVERSITY
 PLANTATION FL 33324

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 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

Norman G. Turck

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-6-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
 NAME KURLAND, SHELDON
 STREET ADDRESS 6901 SW 56 CT
 CITY-ST-ZIP DAVIE FL 33314

TITLE PD ☐ DELETE
 NAME DEPALMA, LEONARD
 STREET ADDRESS 2649 NELSON COURT
 CITY-ST-ZIP FT. LAUDERDALE FL 33322

TITLE SD ☐ DELETE
 NAME ALLER, SAM
 STREET ADDRESS 2040 NE 182 ST
 CITY-ST-ZIP N. MIAMI BEACH FL

TITLE TD ☒ DELETE
 NAME BLOCK, SOL
 STREET ADDRESS 4964 NW 48 AVE
 CITY-ST-ZIP TAMARAC FL 33319

TITLE VPD ☒ DELETE
 NAME KERZNER, MICHAEL
 STREET ADDRESS 143 NW 107 TERR
 CITY-ST-ZIP PLANTATION FL 33324

TITLE D ☒ DELETE
 NAME WOOD, DENNIS
 STREET ADDRESS 1018 POLK STREET
 CITY-ST-ZIP HOLLYWOOD FL 33019

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
 1.2 NAME Elizabeth DeCunha
 1.3 STREET ADDRESS 3015 CENTER AVE
 1.4 CITY-ST-ZIP Ft. Lauderdale FL 33308

2.1 TITLE D ☐ Change ☒ Addition
 2.2 NAME Florio Ross
 2.3 STREET ADDRESS 2834 NW 55 AVE
 2.4 CITY-ST-ZIP Lauderdale, FL 33311

3.1 TITLE D ☐ Change ☒ Addition
 3.2 NAME Victoria Barone
 3.3 STREET ADDRESS 2700 SW 17 ST
 3.4 CITY-ST-ZIP Ft. Lauderdale FL 33312

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/99

954-424-3228

CR2E037 (1/198)