


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766412 (1)
1. Corporation Name WALTER E. FARMER LEARNING CENTER, INCORPORATED



Principal Place of Business % CLARA S. FARMER 4340 N. HIAWASSEE RD ORLANDO FL 32808	Mailing Address % CLARA S. FARMER 4340 N. HIAWASSEE RD ORLANDO FL 32808
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/01/1983	3a. Date of Last Report 07/07/1995
				4. FEI Number 59-2284536	Applied For <input 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
				8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FARMER, CLARA S. 1118 PAUL ST ORLANDO FL 32808		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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS		
TITLE	D MILLS, PRESCOTT ROUTE 2, BOX 4253 CRAWFORDVILLE FL	<input type="checkbox"/> DELETE
TITLE	D FARMER, TAMIRA 1118 PAUL STREET ORLANDO FL	<input type="checkbox"/> DELETE
TITLE	D FARMER, WALTER, II 1118 PAUL ST ORLANDO FL	<input type="checkbox"/> DELETE
TITLE	TD FARMER, LATASHA 3500 WINDMEADOWS BLVD, APT 43 GAINESVILLE FL	<input type="checkbox"/> DELETE
TITLE	D MILLS, GREGORY RT. 2, BOX 4253 CRAWFORDVILLE FL	<input type="checkbox"/> DELETE
TITLE	SD FARMER, TALISA 4340 N HIAWASSEE RD ORLANDO FL	<input type="checkbox"/> DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Clara S. Farmer	
1.3 STREET ADDRESS	4340 N. Hiawasse Rd	
1.4 CITY - ST - ZIP	Orlando, Florida 32818	
2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Warren Little	
2.3 STREET ADDRESS	4340 N. Hiawasse Rd	
2.4 CITY - ST - ZIP	Orlando, Florida 32818	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Farmer, Latasha	
4.3 STREET ADDRESS	1118 Paul St	
4.4 CITY - ST - ZIP	Orlando 32808	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Latasha Farmer* 28 June 96 (407) 299-3992
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (3/96)