Apr 21, 1999 8:00 am Secretary of State

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G76094**

CITY-ST-ZIP

| THE LEA | ARNING TREE PRESCHOOL | AND | ACADEMY, INC. | | | | | | | | |
|------------------------|--|----------------------------|--|-------|-------------------------|-------------------|--------------------------|---|----------------------------|-------------|---------------------------|
| Principal Place | e of Business | M | Mailing Address | | _ | | | | ner vial Bibli B | INTERNATION | E18(1 8191(188) |
| | | | 107 16TH AVENUE NW RADENTON FL 34209 S | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | | | 3. Date Incorporated or Qualifed 10/12/1983 | | | |
| 2. Principal Pl | lace of Business | 2a | . Mailing Address | | | | | 4. FEI Number | | A | pplied For |
| 21 | | 26 | | | | | | <u>59-2416910</u> | | | ot Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 5. Certifcate of Status Desired | | • | Additional equired |
| City & State | | | City & State | | | | - | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | | 28 | | | | | Trust Fund Contribution | | Added | to Fees |
| Zip | Country | \vdash | Zip | | Country | ′ | | 8. This corporation owes the curr | ent year Int | | |
| 24 | 25 | 29 | L | 30 | L | | | Personal Property Tax. 10. Name and Address of New I | 2 | Yes | No |
| | 9. Name and Address of Current | Regi | stered Agent | | 81 | T N | ame | 10. Name and Address of New I | registered | Agent | |
| CHA | PMAN, ROBERT E. | | | | Ľ | | | | | | |
| 306 28TH STREET WEST | | | • | | | S | treet Addre | dress (P.O. Box Number is Not Acceptable) | | | l |
| BRADENTON FL 33505 | | | ļ | | | | | | | | |
| | | | | | 83 | | | | | | |
| | | | | | 84 | C | ity | *, | FL | 85 Zip | Code |
| 3 office or n | to the provisions of Sections 607.0502 egistered agent, or both; in the State of | of Flori | ida. Such change was a | autho | orized by | the | med corpo corporation | ration submits this statement for the | purpose of pt the appoi | changing it | s registered egistered |
| **agent.*I a | m familiar with, and accept the obligat | ions ó | f, Section;607.0505, Flo | orida | Statutes | S . | | | | | { |
| SIGNATURE | 3. 31 4 - 24 - 37 1 3 4 4 4 | | Was a Market | D | | | etus seguised | when reinstating) | DATE | | |
| 12. | Signature, typed or printed name of registered agen OFFICERS AN | | | Reg | 13. | iit sigi | iature required | ADDITIONS/CHANGES TO OF | | D DIRECT | ORS IN 12 |
| TITLE | Р | <i>- - - - - - - - - -</i> | ☐ DELETE | 1 | 1.1 TITLE | | | | , | Change | Addition |
| NAME | CHAPMAN, ROBERT E. | | | | 1.2 NAME | | | | | | |
| STREET ADDRESS | | | | - | 1.3 STREE | T ADD | RESS | | | | , |
| CITY-ST-ZIP | BRADENTON FL 34205 | | | - 1 | 1.4 CITY- 9 | T-ZIF | , | | | | |
| TITLE | ST | | ☐ DELETE | | 2.1 TITLE | | | | | Change | Addition |
| NAME | CHAPMAN, KAREN NELSON | | | - 1 | 2.2 NAME | | | | | | j |
| STREET ADDRESS | 306 28TH STREET WEST | | | ı | 2.3 STREE | TADO | RESS | | | | Į |
| CITY-ST-ZIP | BRADENTON FL 34205 | | | | 2. 4 CITY-5 | ST-ZI | Р | | | | |
| TITLE | | | DELETE | . | 3.1 TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | | | | ľ | 3.2 NAME | | | | • | • | |
| STREET ADDRESS | | | | 1 | 3.3 STREE | | | | | | |
| CITY-ST-ZIP | | | The ext | -1 | 3.4. CITY-5 | ST-ZI | - | | | Change | Addition |
| TITLE | | | ☐ DELETE | | 4.1 TITLE | | 1 | | | | |
| NAME | | | | Į | 4. 2 NAME | | NDE CO | | | | |
| STREET ADDRESS | | | | ľ | 4.3 STREE | | | | | | } |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | - | 4.4 CITY-S 5.1 TITLE | <u>>1-∠l</u> F | | ······ | | Change | ☐ Addition |
| | | | _ 522212 | Į | 5.2 NAME | | | | | _ • | _ |
| NAME STREET ADDRESS | | | | | 5.3 STREE | TADO | RESS | | | | Ì |
| CITY-ST-ZIP | | | | | 5.4 CITY-S | | 1 | | | | |
| TITLE | | | ☐ DELETE | 7 | 6.1 TITLE | | | | | Change | Addition |
| NAME | İ | | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | | - 1 | 6.3 STREE | TADE | RESS | | | | |

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 607. 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.

6.4 CITY-ST-ZIP

941-794-2005