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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

H19042 DOCUMENT #
1. Corporation Name

(1)

SOUTHERN LEARNING CENTER, INC.

Dringing Diago								18 1785 B1841 B1		
rincipai riace i	of Business	Mailing A	Address			, 1001911 819(110(1	***** ***** ****	·= (?S* E/S*) BI	: =: 4 #	
9858 OLD BAYMEADOWS RD. JACKSONVILLE FL 32256			9858 OLD BAYMEADOWS RD. JACKSONVILLE FL 32256							
						3. Date Incorporated or 08/30/1984	Oualified	3a. Date	of Last Re)8/29/1	eport 995
Principal Place of Business 1		2a. Maili 26	2a. Mailing Address			4. FEI Number 59-2462167			Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite	, Apt. #, etc.		**************************************	5. Certificate of Status [Desired		\$8.75	Additional
City & State		[27]	& State			6. Election Campaign Fi	nagoina			Required
23		28	a ciole			Trust Fund Contributi	_			0 May Be d to Fees
Zip	Country	Žip		Count	y	8. This corporation has			under s	199.032,
24	25 9. Name and Address of Curre	[29] nt Registered	Agent	[30]		Florida Statutes 10. Name and Address	Yes		nent	
	5, 1141110 4114114141414141414141414141414			8	1 Name	10, 110,110 0110 7001000	011101111	gistered	gent	
	, CATHY G			8	2 Street Addr	ress (P.O. Bax Number is No	t Accentable	e)		
	ROCESSING SREVICES PLUS		83			Street Address (P.O. Box Number is Not Acceptable)				
445-26 S.R. 13 N. STE. 346 JACKSONVILLEE FL 32259					3					
JACKS	OMAITTEE LE 95598			8	4 City			FL	85 Zip	o Code
11. Pursuant to	the provisions of Sections 607.050	2 and 607.150	8. Florida Statut	es, the above	-named corpor	ration submits this statement	for the pure	ose of char	l l naina its r	eaistered offic
or registere	ed agent for both, in the State of Flore n, and accept the obligations of, Sec	rda Such chan	ige was authoriz	ed by the co	poration's boa	rd of directors. I hereby acce	pt the appo	intment as r	régistered	agent. I am
CICNIATURE										
SIGNATURE										
	Signature, typed or printed name of regetered agree				ent signature require		0.70.000	DATE	DIDEOTO	2011110
12.	OFFICERS AN	candide if applicable ND L>RECTORS	3	13.	· · · · · · · · · · · · · · · · · · ·	c when reinstating. ADDITIONS/CHANGE	S TO OFFI	CERS AND		
12. TIPLE	OFFICERS AN			13.	E .		S TO OFFI	CERS AND	DIRECTO Change	RS IN 12
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SIGNATURE: Julian AND WHEN PRINTED NAME OF SIGNING OFFICE

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR TANICE M. F. lanowski 4-30-96 904/642-7323

- 1 18 D1 B1 6 D1 D1 11 D1 0 10 11 B1 0 10 11 D1 0 10 11 D1 0 10 11