

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 24 1998 8:00am  
Secretary of State

**DOCUMENT # J16238 (4)**  
1. Corporation Name  
**COMPUTER LEARNING CENTER OF TALLAHASSEE, INC.**



DO NOT WRITE IN THIS SPACE

03				03				3. Date Incorporated or Qualified <b>05/23/1986</b>			
2. Principal Place of Business <b>21</b> <u>Same</u> Suite, Apt. #, etc.				2a. Mailing Address <b>26</b> <u>Same</u> Suite, Apt. #, etc.				4. FEI Number <b>59-2702615</b>			
<b>22</b> City & State				<b>27</b> City & State				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>23</b> Zip				<b>28</b> Country				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>24</b> Zip				<b>25</b> Country				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent  <b>JONES, JUDY</b> <b>2801 KILKIERANE</b> <b>TALLAHASSEE FL 32308</b>								10. Name and Address of New Registered Agent <b>81</b> Name <u>Judy Jones</u> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <u>Same as above</u> <b>83</b> <b>84</b> City <u>FL</u> <b>85</b> Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.											
SIGNATURE <u>Judy Jones</u> <span style="float: right;">4/21/98</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>											
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
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TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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					

CR2E034 (10/97)

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.

SIGNATURE: Quel O Tudy Jones 4-21-90 89H-0725