

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J29083** (9)
1. Corporation Name
LEARNING ASSOCIATES, INC.

Principal Place of Business
**700 MEASE PLAZA
APT #502
DUNEDIN FL 34698
US**

Mailing Address
**1105 NASHVILLE AVE
NEW ORLEANS LA 70115
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1986	
21	Suite, Apt. #, etc.	26	5565 CEDAR CREEK	4. FEI Number 59-2718549	Applied For Not Applicable
22	City & State	27		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	HOUSTON TX	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	77056	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SNIDER, WILLIAM E 700 MEASE PLAZA APT #502 DUNEDIN FL 34698		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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SNIDER, EILEEN	1.2 NAME	EILEEN SNIDER
STREET ADDRESS	1414 KINGSLEY AVE	1.3 STREET ADDRESS	5565 CEDAR CREEK
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	HOUSTON TX 77056
TITLE	VST	2.1 TITLE	VST
NAME	SNIDER, STEPHEN A.	2.2 NAME	STEPHEN A. SNIDER
STREET ADDRESS	1414 KINGSLEY AVE	2.3 STREET ADDRESS	5565 CEDAR CREEK
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	HOUSTON TX 77056
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

4-18-98 713-466-4103

CR2E034 (10/97)