## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

**J32263** DOCUMENT #

(2)

## RRANDON LEARNING CENTERS, INC.

| DIANUC                       | JA LLAMINING OLIVICIO,   |  |  |  |   |
|------------------------------|--|--|--|--|---|
| Principal Place of Business  |  | Mailing Address  |  |  |   |
| 711 W. LUMSD<br>OAK PARK PL  | AZA  | 711 W. LUMSDEN RO<br>OAK PARK PLAZA                                | AD   |  |   |
| BRANDON FL 33511<br>US       |  | BRANDON FL 33511<br>US   |  | 3. Date Incorporated or Qualified  | 3a. Date of Last Report                   |
|                              |  |  |  | 09/09/1986   | 05/16/1995                                |
| 2. Principal Pia             | ice of Business  | 2a. Mailing Address  |  | 4. FEI Number  | Applied For                               |
| 21                           | L oto  | Suite, Apt. #. etc.  |  | 59-2729431   | Not Applicable \$8.75 Additional          |
| Suite, Apt. #                | r, etc.  | 27   |  | 5. Certificate of Status Desired   | Fee Required                              |
| City & State                 |  | City & State   |  | 6. Election Campaign Financing   | \$5.00 May Be                             |
| 3                            |  | 28   |  | Trust Fund Contribution  | Added to Fees                             |
| Zip                          | Country  | Ζφ   | Country  | 8. This corporation has liability for  | =   |
| 4                            | 25   | 29   | 30   | Florida Statutes Yes  10. Name and Address of New F                                  | Mo<br>Pagistered Agent                    |
|                              | 9. Name and Address of Curre   | ant negistered Agent   | 81 Name  | io. Haire dia ricaress of ricire.  |   |
| CDCCD414                     | LM DANOV   |  |  | (I) (I) (I) - Norther in No. Accorda   | alai lala                                 |
|                              | NN, RANDY<br>UMSDEN ROAD   |  | 82 Street Add  | ress (P.O. Box Number is Not Acceptab  | ile)                                      |
|                              | N FL 33511   |  | 83   |  |   |
| DIVITO                       | 1112 00011   |  | 84 City  |  | 85 Zip Gode                               |
|                              |  |  | 84 City  |  | FL   S COR                                |
| familiar witl<br>  SIGNATURE | h and accept the obligations of, Se<br>Land accept of probabilisms of depotentials | ction 607.0505, Honda Statut                                       | 88.<br>Note Region of Ajirits granne orași o                   | ADDITIONS/CHANGES TO OFF   | 11.796                                    |
| 12.                          |  | ND DIRECTORS   | 13.  | ADDITIONS/CHANGES TO OFF   | Change Addition                           |
| TI*LE                        | PD<br>Freedman, randy  |  | 1.2 NAME   |  |   |
| NAME<br>STREET ADDRESS       | 4702 KINROSS ST.   |  | 1.3 STREET ACCORESS  |  |   |
| CITY - ST - ZIP              | VALRICO FL   |  | 1.4 CITY - ST - ZIP  |  |   |
| TITLE                        | V  | ☐ CELFTE   | 2 1 Till_E   |  | Change Addition                           |
| NAME                         | BOWES, LYNDA   |  | 2.2 NAME   |  |   |
| STREET ADORESS               | 8522 FISHERMANS POINT I  | DR.  | 2.3 STREET ADDRESS   |  |   |
| CITY - \$1 - ZIF             | TEMPLE TERRACE FL  |  | 2.4 C(TY - \$1 - Z(F   |  |   |
| TITLE                        |  | ☐ DELETE   | 3 1 1111.15  |  | Change Add-tion                           |
| NAME                         |  |  | 3 2 NAME   |  |   |
| STREET ADDRESS               |  |  | 3.3 STREET ADDRESS   |  |   |
| CITY-ST-7IP<br>TITLE         |  | [] DELETE  | 3.4 CH r S1 - ZIP<br>4.1 T TUE                                 |  | Change Addition                           |
| NAME                         |  |  | 4.2 NAME   |  |   |
| STREET ADDRESS               |  |  | : 43 STREET AUDRESS  |  |   |
| CHTY - ST-7IP                |  |  | 44CTY ST ZIP   |  |   |
| THILE                        |  | DEFETE   | 5 · TITLE  |  | Change Addition                           |
| NAME                         |  |  | 5.2 NAME   |  |   |
| STREET ADDRESS               |  |  | 5.3 STREET ADDRESS   |  |   |
| City - S1 - Zif              |  |  | 5.4 City St-7iP  |  | <b>5</b> 0 <b>5</b> 1                     |
| TIFLE                        |  | □ DELETE   | 6 1 TIFLE  |  | Change Addition                           |
| NAME                         |  |  | 6.2 NAME   |  |   |
| STREET ADDRESS               |  |  | 6 3 STHEET ADOPESS   |  |   |
| CITY - S1 - ZIF              | Locatife that the information of male  | of with this fibre is redusto-in f                                 | michael and doce not qualify                                   | for the exemption stated in Section 119  | 107(3)(k) Florida Statutes I further      |
| certify that<br>oath; that   | Litha information individual on this as  | inual repart or supplemental a<br>paration or the receiver or trus | nnual réport is true and accur<br>stée empowered to execute th | ate and that my signature shall have the<br>his report as required by Chapter 607, F | e same legal effect as il fillade under l |

SIGNATURE:

4-11-96 (813) 684-2400