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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J32263**

(2)

BRANDON LEARNING CENTERS, INC.

FILED Apr 08 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					
711 W. LUMSDEN ROAD		711 W. LUMSDEN ROAD			
OAK PARK PLAZA BRANDON FL 33511		OAK PARK PLAZA		DO NOT WRITE IN THIS SPACE	
IIS		BRANDON FL 33511 US		3. Date Incorporated or Qualified	
••				09/09/1986	
2. Principal Pl	ace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26		59-2729431	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #,		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		b. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	6. This corporation owes or has paid the	
24	9. Name and Address of Curre		90	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
50		ant negistered Agent	10. Hamb and Address of How Hogisten	ad Affairt	
FREEDMAN, RANDY			81 Name		
711 W. LUMSDEN ROAD BRANDON FL 33511			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	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.					
1					
SIGNATURE Signature typed or printed historie of registered agent and title if applicable [NOTE: Registered Agent signature required when reinstating) DATE					
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 THTLE		☐ Change ☐ Addition
NAME	FREEDMAN, RANDY		1.2 NAME		
STREET ADDRESS	4702 KINROSS ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		1.4 CITY-ST-ZIP		Channe District
TITLE	V	☐ DELETE	2.1 TITLE		Change Addition
NAME	BOWES, LYNDA	~	2.2 NAME		
STREET ADDRESS	8522 FISHERMANS POINT I	VH.	2.3 STREET ADDRESS	Section 1985	
CITY-ST-ZIP	TEMPLE TERRACE FL	T process	2. 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		L Change Applich
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
l		ניין מניניני	4. 2 NAME		
NAME CTOSET ADDOSESS					
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		- Autoritor
STREET ADDRESS			5.3 STREET ADDRESS		
l i					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		had becall	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
i i					
CITY-ST-ZIP			6.4 CITY - ST - ZIP	1. B	

Thereby 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 informatio 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: