FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J68927** **(9)**

1. Corporate Name
THE LEARNING EXPERIENCE AT GREENACRES, INC.

Principal Place of Business	Mailing Address
4517 N.W. 31ST AVNEUE FT. LAUDERDALE FL 33309	4517 N.W. 31ST AVNEUE FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/20/1987**
3a. Date of Last Report: **06/20/1994**

2. Principal Place of Business — 21
Suite, Apt. # or P.O. — 22
City & State — 23
Zip — 24 — County — 25

2a. Mailing Address — 26
Suite, Apt. # or P.O. — 27
City & State — 28
Zip — 29 — County — 30

4. FEI Number: **65-0162123** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHIRAS, DAVID L
4517 N.W. 31ST AVENUE
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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 (Required) (If changing Registered Agent, Registered Agent must sign.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	31 TITLE	☐ Change ☐ Addition
NAME	WEISSMAN, MICHAEL	32 NAME	
STREET ADDRESS	4517 NW 31ST AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	34 CITY-ST-ZIP	
TITLE	VSD	35 TITLE	☐ Change ☐ Addition
NAME	WEISSMAN, RICHARD S	36 NAME	
STREET ADDRESS	4517 NW 31ST AVENUE	37 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	38 CITY-ST-ZIP	
TITLE		39 TITLE	☐ Change ☐ Addition
NAME		40 NAME	
STREET ADDRESS		41 STREET ADDRESS	
CITY-ST-ZIP		42 CITY-ST-ZIP	
TITLE		43 TITLE	☐ Change ☐ Addition
NAME		44 NAME	
STREET ADDRESS		45 STREET ADDRESS	
CITY-ST-ZIP		46 CITY-ST-ZIP	
TITLE		47 TITLE	☐ Change ☐ Addition
NAME		48 NAME	
STREET ADDRESS		49 STREET ADDRESS	
CITY-ST-ZIP		50 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 with an address with no additions.

SIGNATURE: Richard S. Weissman V.P. 4/27/95 (305) 730-0332
SIGNATURE AND TITLE OR NAME OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone Number

0432001 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED
4/30/95
FILED

DOCUMENT # **J69348** **(7)**

1. Corporate Name
NESMITH REAL ESTATE SERVICES, INC.

Principal Place of Business
% THEODORE E. NESMITH
2725 MAE LOMA COURT
ORLANDO FL 32806

Mailing Address
% THEODORE E. NESMITH
2725 MAE LOMA COURT
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/24/1987**
3a. Date of Last Report: **05/10/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip / County — 24 / 25 / 29 / 30

4. FEI Number: **59-2798712** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has authority to administer tax under s. 193.022 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NESMITH, THEODORE E.
2725 MAE LOMA COURT
ORLANDO FL 32806

10. Name and Address of New Registered Agent

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 Section(s) 607.0505 and 607.1908, 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

12. OFFICERS AND DIRECTORS

01	PD
NAME	NESMITH, THEODORE E.
STREET ADDRESS	2725 MAE LOMA COURT
CITY ST ZIP	ORLANDO FL
02	
NAME	
STREET ADDRESS	
CITY ST ZIP	
03	
NAME	
STREET ADDRESS	
CITY ST ZIP	
04	
NAME	
STREET ADDRESS	
CITY ST ZIP	
05	
NAME	
STREET ADDRESS	
CITY ST ZIP	
06	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND/OR DIRECTORS

01 TITLE	☐ Change ☐ Addition
1 NAME	
1 STREET ADDRESS	
1 CITY ST ZIP	
02 TITLE	☐ Change ☐ Addition
2 NAME	
2 STREET ADDRESS	
2 CITY ST ZIP	
03 TITLE	☐ Change ☐ Addition
3 NAME	
3 STREET ADDRESS	
3 CITY ST ZIP	
04 TITLE	☐ Change ☐ Addition
4 NAME	
4 STREET ADDRESS	
4 CITY ST ZIP	
05 TITLE	☐ Change ☐ Addition
5 NAME	
5 STREET ADDRESS	
5 CITY ST ZIP	
06 TITLE	☐ Change ☐ Addition
6 NAME	
6 STREET ADDRESS	
6 CITY ST ZIP	

14. I (we) hereby certify that the information supplied with this report is voluntarily furnished and 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 with an address, with an asterisk, or attached with an address.

SIGNATURE: Theodore E. Nesmith — 4/30/95 — 407-896-1172
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ANNUAL REPORT — DATE — DAYTIME TELEPHONE NUMBER
Theodore E. Nesmith

0417484 FP