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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K31901

1. Corporation Name

LEARNING POWER, INC.

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Mar	11,	199	98	:00	am
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03-11-1999 90215 022 ***150.00

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· 										
Principal Place	e of Business	Mailing Address								
% NANCY C. HELLWEGE P.O. BOX 770253 CORAL SPRINGS FL 33077		% NANCY C. HELLWEGE P.O. BOX 770253 CORAL SPRINGS FL 33077	P.O. BOX 770253			1. COMMAN RESERVED TO SERVED THE SPACE				
US	0 / 2 000 / 1	US				3. Date Incorporated or Qualifed	•			1
ı						08/29/1988				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		App.	lied For	1
21	26				65-0072377		Not	Applicable	1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	\$8.	75 Ac	ditional	1
22		27				5. Certificate of Status Desired	· Fe	e Req	uired]
City & State	9	City & State				6. Election Campaign Financing	\$5	.00 N	lay Be	1
23		28				Trust Fund Contribution	Ad	ded to	Fees	
Zip	Country	Zip	Cou	intry	,-	8. This corporation owes the current year	ır Intangible			ĺ
24	25	29	30			Personal Property Tax.	☐ Yes	<u> </u>	Z)No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registe	red Agent			Į
				81	Name	,				1
	WEGE, NANCY C.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)				1
	S.W. 6TH STREET									1
N. L	AUDERDALE FL 33068			83		•				
ı				84	City		85	Zip Co	nde	1
				"	Ony		FL			
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	e of Florida. Such change was a	uthorized	i by t	-named corpo the corporation	oration submits this statement for the purposen's board of directors. I hereby accept the a	e of changir ppointment	ng its re as regi	egistered stered	
-	n lamilar with, and accept the obliga	ations of, Section 607.0000, Fig	HILIA OLAL	uięs,						l
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered	Agent	signature required	when reinstating) OAT	E			1 =
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRE	CTOR	IS IN 12	ğ
TITLE	D	☐ DELETE	1.1 Τ(īιε			Cha	ange	Addition	3
NAME	HELLWEGE, NANCY C.		1.2 N	ME						5
STREET ADDRESS	7701 S.W. 6TH STREET		1.3 \$1	REET.	ADDRESS	* .	· ·:			٦
CITY-ST-ZIP	N. LAUDERDALE FL		1.4 Cf	TY-ST	-ZIP				,	5
TITLE		☐ DELETE	2.1 TT				☐ Cha	inge	☐ Addition	2
NAME			2 2 N	AME.	1				I	1
STREET ADDRESS			2.3 81	REFT.	ADDRESS					ł
CITY-ST-ZIP			1	JTY-\$1					i	ł
TITLE		☐ DELETE	3.1 TF	_			Cha	ange	☐ Addition	1
NAME			3.2 NA		,	T.				ĺ
STREET ADDRESS					ADDRESS					
			1	ITY-ST	ì					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TF				Cha	ange	Addition	1
NAME		_	4.2 N					•	_	
					ADORESS				į	İ
STREET ADDRESS			4	TY-ST	I .	·				ł
CITY-ST-ZIP			5.1 TP	_	·ZIF		□ Cha	nge	Addition.	
		_ •	5.2 NA		ĺ	, , , , , , , , , , , , , , , , , , , ,		-	_	
NAME STREET ADDRESS					ADDRESS					
STREET ADDRESS			1	TY-ST	1					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TI				Cha	inge	Addition	
NAME			6.2 NA	WE			_	-		1
					ADDRESS					ĺ
STREET ADDRESS				TY-ST						ļ
CITY-ST-ZIP			V.7 CI							1

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, with all other like empowered.

SIGNATURE: _

Name NOTHING SEQUIRED SIGNATURE AND PUTPED OR PRINTED NAME OF SIGNATED OFFICER OR DIRECTOR

3/8/99 954-726-2671 Daytime Phone #