FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT, OF STATE Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 **DOCUMENT # K39626** WILES ROAD LEARNING CENTRE, INC. Mailing Address Principal Place of Business C/O LAWRENCE FISHER C/OLAWRENCE FISHER 3. Date Incorporated or Qualified 3a. Date of Last Report 11500 WILES ROAD CORAL SPRINGS, FL 33076-2116 10/19/88 Applied For Not Applicable 2a. Mailing Address 65-0096018 2. Principal Place of Business 3111 UNIVERSITY DR. \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Suite. Apt. #, etc. #720 \$5.00 May Be 27 6. Election Campaign Financing 22 Added to Fees City & State Trust Fund Contribution 28 CORAL SPRINGS, FL City & State 8. This corporation has liability for intangible tax under s. 199 032, Country 23 Yes ☐ No Zip Florida Statutes Country Zio **USA** 10. Name and Address of New Registered Agent 29 33065 25 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) FISHER, LAWRENCE R2 3111 N. UNIVERSITY DR. 83 #720 7 ip Code 33065 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 Sugh 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. 64 (12/95)INOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SIGNATURE X Change 13. OFFICERS AND DIRECTORS 1 1 TITLE CR2E034 12. DELETE FISHER, LAWRENCE 3111 N.UNIVERSITY DR., TITLE 12 NAME 1.3 STREET ADDRESS NAME CORAL SPRINGS, FL 33065 STREET ADDRESS 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 2 1 11TLE THE 22 NAME NAM.E 23 STREET ADDRESS Addition STREET ADDRESS 2 4 CITY - ST - ZIP Change 3 1 TITLE CITY ST-ZIP DELETE TITLE 3.2 NAME 33 STREET ADDRESS NAME Addition STREET ADDRESS 3 4 CITY - ST - ZIP Change DELETE 4 1 TITLE CITY - ST - ZIP TITLE 4.2 NAME 4 3 STREET ADDRESS NAME 4000017927174aa -04/24/96--01052--020 STREET ADDRESS Addition 44 CITY - ST - ZIP CHTY - ST - ZIF DELETE 5 1 TITLE ' TITLE 52 NAME 1 ***200.00 NAME 53 STREET ADDRESS Addition STREET ADDRESS 5 4 CITY - ST - ZIP Change CITY ST-ZIP 6 1 TITLE DELETE TULLE 6.2 NAME 63 STREET ADDRESS NAME Jointarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes I for supplemental annual report is true and accurate and that my signature shall have the same local effect as on or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida, statutes in an attantiment with an address STREET ADDRESS

14. I do hereby certily that the information supplied with this filling is further certify that the information received on this annual report made under oath, that I am an officer or director of the corporation of the co that my name appears in Block SECNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIPERSIDENT SIGNATURE:

CITY - ST - ZIP