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 # **K45664** **(5)**

1. Corporate Name

THE LEARNING EXPERIENCE AT CORAL SPRINGS, INC.

Principal Place of Business
4517 NW 31ST AVENUE
FORT LAUDERDALE FL 33309

Mailing Address
4517 NW 31ST AVENUE
FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/16/1988**
3a. Date of Last Report: **05/01/1994**

21 2. Principal Place of Business
26 2a. Mailing Address
4. FEI Number: **65-0090835** ☐ Applied For ☐ Not Applicable
22 Suite, Apt. # (if)
27 Suite, Apt. # (if)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23 City & State
28 City & State
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24 Zip
25 County
29 Zip
30 County
8. This corporation has validly elected to be governed by Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHIRAS, DAVID L., ESQ.
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(S)
(a) If changing registered agent, registered agent must sign. (b) If changing registered office, registered agent must sign. (c) If changing registered agent or registered office, registered agent must sign. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	**PTD**	31 TITLE	☐ Change ☐ Addition
32 NAME	**WEISSMAN, MICHAEL**	32 NAME	
33 STREET ADDRESS	**4517 NW 31ST AVENUE**	33 STREET ADDRESS	
34 CITY, ST, ZIP	**FT LAUDERDALE FL**	34 CITY, ST, ZIP	
35 TITLE	**VSD**	35 TITLE	☐ Change ☐ Addition
36 NAME	**WEISSMAN, RICHARD S.**	36 NAME	
37 STREET ADDRESS	**4517 NW 31ST AVENUE**	37 STREET ADDRESS	
38 CITY, ST, ZIP	**FT LAUDERDALE FL**	38 CITY, ST, ZIP	
39 TITLE		39 TITLE	☐ Change ☐ Addition
40 NAME		40 NAME	
41 STREET ADDRESS		41 STREET ADDRESS	
42 CITY, ST, ZIP		42 CITY, ST, ZIP	
43 TITLE		43 TITLE	☐ Change ☐ Addition
44 NAME		44 NAME	
45 STREET ADDRESS		45 STREET ADDRESS	
46 CITY, ST, ZIP		46 CITY, ST, ZIP	
47 TITLE		47 TITLE	☐ Change ☐ Addition
48 NAME		48 NAME	
49 STREET ADDRESS		49 STREET ADDRESS	
50 CITY, ST, ZIP		50 CITY, ST, ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY, ST, ZIP		54 CITY, ST, ZIP	
55 TITLE		55 TITLE	☐ Change ☐ Addition
56 NAME		56 NAME	
57 STREET ADDRESS		57 STREET ADDRESS	
58 CITY, ST, ZIP		58 CITY, ST, ZIP	

14. To the best of my knowledge, the information supplied with this filing 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 report or supplemental attachment 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 above, or on an attachment with an address.

SIGNATURE: Richard S. Weissman, Vice-Pres. 4/27/95 (305) 730-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0210592 CP

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CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **K45744** **(5)**

1. Corporation Name

R.P.I. OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
1141 HOLLAND DRIVE STE 19 BOCA RATON FL 33487 US	1141 HOLLAND DRIVE STE 19 BOCA RATON FL 33487 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1988	3a. Date of Last Report: 04/14/1994
4. FEI Number: 65-0085521	☐ 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KENNETH MALSKY 1141 HOLLAND DR. STE. 19 BOCA RATON FL 33487	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

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
01 PD 02 NAME MALSKY, KENNETH W. 03 STREET ADDRESS 1141 HOLLAND DR- STE 19 04 CITY, ST, ZIP BOCA RATON FL	01 ☐ Change ☐ Addition 02 NAME 03 STREET ADDRESS 04 CITY, ST, ZIP
05 ☐ Change ☐ Addition 06 NAME 07 STREET ADDRESS 08 CITY, ST, ZIP	09 ☐ Change ☐ Addition 10 NAME 11 STREET ADDRESS 12 CITY, ST, ZIP
13 ☐ Change ☐ Addition 14 NAME 15 STREET ADDRESS 16 CITY, ST, ZIP	17 ☐ Change ☐ Addition 18 NAME 19 STREET ADDRESS 20 CITY, ST, ZIP
21 ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	25 ☐ Change ☐ Addition 26 NAME 27 STREET ADDRESS 28 CITY, ST, ZIP
29 ☐ Change ☐ Addition 30 NAME 31 STREET ADDRESS 32 CITY, ST, ZIP	33 ☐ Change ☐ Addition 34 NAME 35 STREET ADDRESS 36 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing 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 above, or on an attachment with an address.

SIGNATURE: Kenneth W MALSKY 4/28/95 (305) 997-9678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0290181 CP