

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 9:55

DOCUMENT # K95849

(1)

1. Corporation Name

A MASTER LEARNING CENTER, INC.

Principal Place of Business

P.O. BOX 1716
CLEARWATER FL 34617

Mailing Address

P.O. BOX 1716
CLEARWATER FL 34617

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

3. Date Incorporated or Qualified

06/16/1989

3a. Date of Last Report

03/04/1994

4. FEIN Number

59-2955510

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trial Fund Contribution

\$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under §. 109.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

MORGAN, ELVIRA
1428C GULF TO BAY BLVD.
CLEARWATER FL 34815

81. Name

82. Street Address (P.O. Box Number Is Not Acceptable)

83.

84. City

85. Zip Code

FL

10. Name and Address of New Registered Agent

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:

[Signature]

[Signature] Agent's Signature required when resuming

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS #1-12	
101. NAME STREET ADDRESS CITY, ST, ZIP	102. NAME STREET ADDRESS CITY, ST, ZIP	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Action
103. NAME STREET ADDRESS CITY, ST, ZIP	104. NAME STREET ADDRESS CITY, ST, ZIP	15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Action
105. NAME STREET ADDRESS CITY, ST, ZIP	106. NAME STREET ADDRESS CITY, ST, ZIP	19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Action
107. NAME STREET ADDRESS CITY, ST, ZIP	108. NAME STREET ADDRESS CITY, ST, ZIP	23. TITLE 24. NAME 25. STREET ADDRESS 26. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Action
109. NAME STREET ADDRESS CITY, ST, ZIP	110. NAME STREET ADDRESS CITY, ST, ZIP	27. TITLE 28. NAME 29. STREET ADDRESS 30. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Action
111. NAME STREET ADDRESS CITY, ST, ZIP	112. NAME STREET ADDRESS CITY, ST, ZIP	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Action

12. I declare by oath that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. Further, that the documents contained 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 on Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Mar 95 813/529-0328
TUE

Inv. #11111