

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90056 035 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L37590

1. Corporation Name
T. L. C. LEARNING CENTER, INC.



Principal Place of Business 9355 NE JACKSONVILLE ROAD ANTHONY FL 32617 US	Mailing Address 9355 NE JACKSONVILLE ROAD ANTHONY FL 32617 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Virginia de la Torreiente Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Virginia de la Torreiente Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 12/14/1989	4. FEI Number 59-2981402	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent JACKSON, CORA SUE ALFOR 9355 NE JACKSONVILLE ROAD ANTHONY FL 32617

10. Name and Address of New Registered Agent 81 Name Frederick W. Schmid, JR 82 Street Address (P.O. Box Number is Not Acceptable) 9353 NE JACKSONVILLE ROAD 83 84 City ANTHONY FL 85 Zip Code 32617

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 Frederick W. Schmid, JR (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VT <input checked="" type="checkbox"/> DELETE
NAME	ALFORD, ROBERT C
STREET ADDRESS	9355 NE JACKSONVILLE RD
CITY-ST-ZIP	ANTHONY FL
TITLE	DPS <input checked="" type="checkbox"/> DELETE
NAME	JACKSON, CORA SUE ALFOR
STREET ADDRESS	9355 NE JACKSONVILLE RD
CITY-ST-ZIP	ANTHONY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President / S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Virginia de la Torreiente
1.3 STREET ADDRESS	1630 SE 14 STREET
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Frederick W. Schmid JR
2.3 STREET ADDRESS	1630 SE 14 STREET
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Frederick W. Schmid, JR 4/18/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)