

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L49189** (8)

1. Corporation Name:

**QUALITY LEARNING, INC.**

Principal Place of Business

**35246 US 19 N., SUITE 189  
PALM HARBOR FL 34684**

Mailing Address

**35246 US 19 N., SUITE 189  
PALM HARBOR FL 34684**



3. Date Incorporated or Qualified

**02/06/1990**

3a. Date of Last Report

**04/11/1995**

2. Principal Place of Business

21 **40347 US 19 N**  
Suite, Apt. #, etc.

2a. Mailing Address

26  
Suite, Apt. #, etc.

4. FEI Number

**59-3050715**

Applied For

Not Applicable

22 **233**  
City & State

27  
City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23 **TARPON SPRINGS, FL**  
Zip

Country

28  
City & State

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24 **34689**

25 **USA**

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KELLY, STEVEN  
35246 US 19 N., SUITE 189  
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

81 Name

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

**40347 US 19 N**

83

**SUITE 233**

84

**TARPON SPRINGS, FL**

85

**34689**

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

*Steven Kelly*

(NOTE: Registered Agent signature required when reinstating)

**1/26/96**

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
KELLY, STEVEN  
3382 FOX HUNT DRIVE  
PALM HARBOR FL**

1.2 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
KELLY, PATRICIA M.  
3382 FOX HUNT DRIVE  
PALM HARBOR FL**

1.3 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.4 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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.

SIGNATURE:

*Steven Kelly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/26/96 813-934-1185**

DATE

Daytime Phone #

CR2E034 (12/95)