

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

FILED
Sep 12 1997 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **L49189** (8)
1. Corporation Name
QUALITY LEARNING, INC.



Principal Place of Business
**40347 US 19N
233
TARPON SPRINGS FL 34689
US**

Mailing Address
**35246 US 19 N., SUITE 189
PALM HARBOR FL 34684-1931**

3. Date Incorporated or Qualified
02/06/1990

3a. Date of Last Report
02/01/1996

2. Principal Place of Business
4787 KLOSTERMAN OAKS BLVD

2a. Mailing Address
4787 KLOSTERMAN OAKS BLVD

Suite, Apt. #, etc.
RA

City & State
PALM HARBOR, FL

City & State
PALM HARBOR, FL

Zip
34683

Country
PINELLAS

Zip
34683

Country
PINELLAS

4. FEI Number
59-3050715

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

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
KELLY, STEVEN

82 Street Address (P.O. Box Number is Not Acceptable)
4787 KLOSTERMAN OAKS BLVD

83

84 City
PALM HARBOR

85 Zip Code
FL 34683

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KELLY, STEVEN | |
| STREET ADDRESS | 3382 FOX HUNT DRIVE | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KELLY, PATRICIA M. | |
| STREET ADDRESS | 3382 FOX HUNT DRIVE | |
| CITY-ST-ZIP | PALM HARBOR 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | KELLY, STEVEN |
| 1.3 STREET ADDRESS | 4787 KLOSTERMAN OAKS BLVD |
| 1.4 CITY-ST-ZIP | PALM HARBOR, FL 34683 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | KELLY, PATRICIA M. |
| 2.3 STREET ADDRESS | 4787 KLOSTERMAN OAKS BLVD |
| 2.4 CITY-ST-ZIP | PALM HARBOR, FL 34683 |
| 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 do 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.

SIGNATURE:

STEVEN KELLY

9/1/97 8:12:03 PM-64523

CR2E034 (9/96)