FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # L59940 (1)

1. Corporation Name
PROFESSIONAL LEARNING CENTER, INC
DBA PROFESSIONAL LEARNING CENTER AT COUNTRY DAY

Principal Place of Business

Mailing Address
c/o FGM + CO.

3. Date Incorporated or Qualified: 2/15/93
3a. Date of Last Report: 5/1/95

2. Principal Place of Business
21 22354 SW 57 AVE
Suite, Apt #, etc. 22
City & State 23 BOCA RATON, FL
Zip 24 33433 Country 25

2a. Mailing Address
26 280 PLANDOME RD.
Suite, Apt #, etc. 27
City & State 28 MANHASSET, NY
Zip 29 11030 Country 30 NASSAU

4. FEI Number: 65-0386987 ☐ 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

ASTOR, LIONEL
22354 SW 57 AVE
BOCA RATON, FL 33433

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 _____ DATE _____
Signature, typed or printed name of Registered Agent and Title, if applicable (NOTE: Registered Agent's signature required for filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ASTOR, LIONEL	1.2 NAME	
STREET ADDRESS	22354 SW 57 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ASTOR, PATRICIA	2.2 NAME	
STREET ADDRESS	22354 SW 57 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NEWBERG, MARK	3.2 NAME	
STREET ADDRESS	280 PLANDOME RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MANHASSET, NY 11030	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GUTTERMAN, MARK	4.2 NAME	
STREET ADDRESS	280 PLANDOME RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANHASSET, NY 11030	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FELDMAN, BURTON	5.2 NAME	400001849174
STREET ADDRESS	280 PLANDOME RD.	5.3 STREET ADDRESS	-06/04/96--01018--006
CITY-ST-ZIP	MANHASSET, NY 11030	5.4 CITY-ST-ZIP	***200.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5.1.96

CR2E034 (12/95)

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: _____ 4/26/96 516-365-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
MARK NEWBERG