

PROFIT CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90148 024 ***150.00

DOCUMENT # L59940

1. Corporation Name

PROFESSIONAL LEARNING CENTER, INC.

Principal Place of Business

Mailing Address

SW 57TH AVE
BOCA RATON FL 33433

280 PLANDOME RD
MANHASSET NY 11030
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1990

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business

22354 SW 57th Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 22354 SW 57th Ave
Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

28 BOCA RATON FL

Zip

33433 25

Country

Zip

29 33433 30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D	ASTOR, LIONEL 22354 SW 57TH AVE BOCA RATON FL 33433	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	ASTOR, PATRICIA 22354 SW 57TH AVE BOCA RATON FL 33433	1.2 NAME	
D	MEINBERG, MARK 280 PLANDOME RD MANHASSET NY 11030	1.3 STREET ADDRESS	
D	GUTTERMAN, MARK 280 PLANDOME RD MANHASSET NY 11030	1.4 CITY-ST-ZIP	
D	FELDMAN, BURTON 280 PLANDOME RD MANHASSET NY 11030	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK MEINBERG

Date

Daytime Phone #

4/24/00 (516) 365-6600

CR2E034 (1/198)