FROM

- CORPORATION ANNUAL REPORT

~~2000~~ 2001

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR -6 PM 3:51

DOCUMENT # L59940

1. Corporation Name
PROFESSIONAL LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
11354 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

2. Principal Place of Business	2a. Mailing Address
21 22354 SW 57th Ave	26 22354 SW 57th Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON, FL
Zip / Country 24 33433 25	Zip / Country 29 33433 30

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

9. Name and Address of Current Registered Agent

ASTOR, LIONEL
22354 SW 57TH 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 signature required when changing)

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 57TH 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 57TH 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	MEINBERG, 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	
STREET ADDRESS	280 PLANDOME RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	MANHASSET NY 11030		5.4 CITY-ST-ZIP	
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	

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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: _____ MARK MEINBERG 4/2/01 (516)365-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lionel Astor 4/2/2001.