

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L75902 (1)

1. Corporation Name

LKL LEARNING CENTER AT PALM BEACH GARDENS, INC.

Principal Place of Business

Mailing Address

13578 CHATSWORTH VLG. DR.
WEST PALM BEACH FL 33414

13578 CHATSWORTH VLG. DR.
WEST PALM BEACH FL 33414



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1990		3a. Date of Last Report 07/07/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0200197		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEWBURGH, STEVEN SLOANE P.A. 1875 PALM BEACH LAKES BLVD. SUITE 700 WEST PALM BEACH FL 33401				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 607.0592 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 state applicable

(NOTE: Registered Agent signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPSC	☐ DELETE		11 TITLE	☐ Change ☐ Addition		
NAME	POLAKOFF, PETER A.			12 NAME			
STREET ADDRESS	13578 CHATSWORTH VLG. DR.			13 STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH FL 33414			14 CITY - ST - ZIP			
TITLE	DVPT	☐ DELETE		21 TITLE	☐ Change ☐ Addition		
NAME	POLAKOFF, REGINA			22 NAME			
STREET ADDRESS	13578 CHATSWORTH VLG. DR.			23 STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH FL 33414			24 CITY - ST - ZIP			
TITLE		☐ DELETE		31 TITLE	☐ Change ☐ Addition		
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY - ST - ZIP				34 CITY - ST - ZIP			
TITLE		☐ DELETE		41 TITLE	☐ Change ☐ Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY - ST - ZIP				44 CITY - ST - ZIP			
TITLE		☐ DELETE		51 TITLE	☐ Change ☐ Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY - ST - ZIP				54 CITY - ST - ZIP			
TITLE		☐ DELETE		61 TITLE	☐ Change ☐ Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY - ST - ZIP				64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Regina Polakoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-96 561-798-4344

Original Price

CR2E034 (3/96)