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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L92540

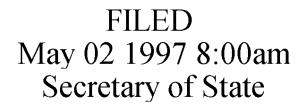
(8)

LEARNING IS FUN, INC.

Principal	Place	of	Business

Mailing Address

1525 10TH STREET WEST PALMETTO FL 34221 1525 10TH STREET WEST PALMETTO FL 34221-3603





TACMETTOTE	V1251	(NEWELLO 1 E 042EL-0000						
					3. Date Incorporated or Qualified 07/31/1990	3a. Date 04/29/		leport
2. Principal P	lace of Business	2a. Mailing Address	***************************************		4. FEI Number	<u> </u>	Ar	oplied For
21		26			65-0216514		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22 City & State	Δ	City & State						equired
23	•	28			6. Election Campaign Financing	П		May Be
Zip	Country	Zip	Coun	Irv	Trust Fund Contribution		Added	
24	25	29	30	.,	8. This corporation has liability for in Florida Statutes	Yes 1		. 199.032,
	9. Name and Address of Current		1001		10. Name and Address of New Reg			
BYR	AM, DOUGLAS GARY		8	Name				
319	48TH ST. W		5	Street A	ddress (P.O. Box Number is Not Acceptable	lo)		
PALI	METTO FL 34221		ľ	JULIE STEEL A	duress (F.O. box (voilleer is not Acceptable	ie)		
			ε	3				
			E	14 City			S Zip	Code
44 6	1. 11			<u> </u>		I™L ∣		
office or r	to the provisions of Sections 607,0502 registered agent, or both, in the State	z and 607 1508, Horida Statuli of Florida. Such change was a	es, the abo authorized	ove-named o by the corpo	corporation submits this statement for the proporation's board of directors. I hereby accep	urpose of ch t the appoin	anging it Iment as	s registered reaistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statu	tes.	, .			3
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if anolicable. (NOT)	F. Registered A	Annot sinnature re	equited when reinstating)	DATE		
12.	OFFICERS AND		13.	igi i sigi i i	ADDITIONS/CHANGES TO OFFICE		RECTOR	S IN 12
TITLE	V	☐ DEL€ 1E	1.1 1011	<u> </u>			Change	Addition
NAME	BYRAM, DOUGLAS GARY		1.2 NAM	IF				
STREET ADDRESS	319 48TH ST. W		1.3 STR6	E1 ADDRESS				
CITY-ST-ZIP	PALMETTO FL 34221		1.4 CHY	- ST-ZIP				
TITLE	P	DELETE	2 1 11TL				Change	Addition
NAME	BYRAM, DENISE J		2.2 NAM	IF .				
STREET ADDRESS	319 48TH ST. W.		23 STRE	ET ADDRESS				
CITY-ST-ZIP	PALMETTO FL 34221			r-ST-ZIP				
TITLE		☐ DELETE	3 1 1111				Change	Addition
NAME			3 2 NAM	-				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DELETE		r - S1 - ZIP			01	
NAME			4.1 7IJU			L	Change	Addition
STREET ADDRESS			4. 2 NAN					
CITY-ST-ZIP				FT ADDRESS -ST-7IP				
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAM				Sugago	t _{era} i spanioni
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP				- \$1 - Z(P				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAM			_		
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP			6.4 CITY					

4. I do hereby certify that the information supplied with this filling 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 st Block 13 if changed, or example the corporation or the corporation 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 st Block 13 if changed, or example the corporation of the corporat

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