FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M45322 (8)

LOVE AND LEARN, LEARNING CENTER INC.

FILED Apr 27 1998 8:00am Secretary of State



| Data all old Dis | Matter Address | denon | | | | | | | |
|---|---|---------------------------------------|--|--------------------|---------------|--|----------------|----------------|--|
| Principal Place of Business Mailing Address | | | | | | | | | |
| 2011 SW 36 AVE FT. LAUDERDALE FL 33312 US | | | 2011 SW 36 AVE FT. LAUDERDALE FL 33312 US | | | | | | |
| | | US | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualified 01/22/1987 | | | |
| 2. Principal I | Place of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4. FEI Number | | Applied For | |
| 21 | | 26 | 26 | | | 65-0000437 | l l | Vot Applicable | |
| Suite, Apt | . #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 | Additional | |
| 22 | | 27 | | | | 5. Certificate of Status Desired | Fee I | Required | |
| City & Sta | te | City & State | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | | | | | Trust Fund Contribution | | d to Fees | |
| Zip | Country | Zφ | Cou | niry | | 8. This corporation owes or has paid the | current year I | ntangible | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. | Yes | □ No □ | |
| | 9. Name and Address of Curr | 10. Name and Address of New Registers | d Agent | | | | | | |
| GLOBE, CAROL A. | | | | 81 | Name | · | | | |
| 20 |)11 S. W. 36 AVENUE | | 82 Street A | | Street Add | ress (P.O. Box Number is Not Acceptable) | <u> </u> | | |
| FC | ORT LAUDERDALE FL 33312 | | Journal of the state of the sta | | Oll Oct / laa | ress (r.e. box resmost to rest recopiation) | | ŀ | |
| | | | | 83 | | | | | |
| | | | | | | | | . 0. 4. | |
| | | | | 84 | City | F | L 85 Zip | o Code | |
| 14 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pamed cornoration submits this statement for the purpose of changing its registered. | | | | | | | | | |
| office or registered agent, or both, in the State of Llorida. 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 pointed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| 12. | OFFICERS A | ND DIRECTORS | 13. | | •• | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | RS IN 12 | |
| TITLE | PO | ☐ DELETE | 1.1 Til | TLE . | | | Change | Addition | |
| NAME | GLOBE, CAROLE A. | | 1.2 NA | ME | | | | | |
| STREET ADDRESS | | | 1.3 ST | REET | ADDRESS | | | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL | | 1.4 CF | TY-S1 | - ZIP | | | | |
| TITLE | | ☐ DELETE | 2.1 10 | TLE | | | Change | Addition | |
| NAME | | | 2.2 NA | ME | | | | } | |
| STREET ADDRESS | | 23 | | 2.3 STREET ADDRESS | | | | ŀ | |
| CITY-ST-ZIP | | | 2. 4 CITY | | T-ZIP | | | | |
| TITLE | - | DELETE 3.11 | | | | | Change | Addition | |
| NAME | • · · · · · · · · · · · · · · · · · · · | | 3.2 NA | 3.2 NAME | | | | 1 | |
| STREET ADDRESS | 1 | | 3.3 \$1 | 3.3 STREET ADDRESS | | | | Ì | |
| CITY-ST-ZIP | | | 3.4. C | ITY-S | T-ZIP | | | | |
| TITLE | | DELETE | 4.1 10 | | | | Change | Addition | |
| NAME | | | 4. 2 N | AME | | | | ļ | |
| STREET ADDRESS | | | 4.3 ST | REET | ADDRESS | | | | |
| CITY-ST-2IP | | | 4.4 CI | | I . | | | | |
| TITLE | | DELETE | 5.1 111 | | -=- | | ☐ Change | Addition | |
| NAME | | _ | 5.2 NA | | | | • | ļ | |
| STREET ADDRESS | 1 | | | | ADDRESS | | | l | |
| CITY-ST-ZIP | 1 . | | 5.4 CI | | | | | | |
| TITLE | | DELETE | 6.1 TH | | £11 | | Change | Addition | |
| NAME | | | 6.2 NA | | | | | | |
| STREET ADDRESS | | | | | ADODESC | | | Į | |
| | | 6.3 STREET ADDRESS 6.4 City-St-Zip | | | | | ĺ | | |
| CITY-ST-ZIP | L | | 6.4 CI | IY-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 of 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 of the receiver or trusted empowered to execute the report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if change (i) or or an attachment with an adoress.