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Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M72535 (1)
1. Corporation Name
MY SCHOOL LEARNING CENTER, INC.



Principal Place of Business Mailing Address
606 S.W. 36TH ST. 606 S.W. 36TH ST.
PALM CITY FL 34990 PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/11/1988	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0034086		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent HAYDEN, NANCY MACE 750 TANGLEWOOD TRAIL STUART FL 34997				10. Name and Address of New Registered Agent	

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP
NAME	GARRAMORE, ROGER A	1.2 NAME	ROGER A. GARRAMORE
STREET ADDRESS	4181 SE ST LUCIE BLVD	1.3 STREET ADDRESS	3942 SE FAIRWAY WEST
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART FL. 34997
TITLE	VPS	2.1 TITLE	VPS
NAME	GARRAMORE, ELAINE A.	2.2 NAME	GARRAMORE ELAINE A
STREET ADDRESS	4181 SE ST. LUCIE BLVD.	2.3 STREET ADDRESS	3940 SE FAIRWAY WEST
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	STUART FL. 34997
TITLE		3.1 TITLE	
NAME	HAYDEN, FRANK E.	3.2 NAME	
STREET ADDRESS	750 TANGLEWOOD TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____

CR2E034 (10/97)