

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

**FILED**

**Mar 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT #**  
1. Corporation Name: *1st Discovery Learning Center Inc*  
*N21087*

Principal Place of Business: *1st Discovery Learning Center*  
*6131 5th St E*  
*Bradenton Fl, 34203*

3. Date Incorporated or Qualified: *6/10/87* 3a. Date of Last Report: *1996*

2. Principal Place of Business: *1st Discovery Learning Center* 2a. Mailing Address: *1st Discovery Learning Center*

4. FEI Number: *N21087 59-1743126* Applied For:  Not Applicable:

21. State: *FL* 26. Suite, Apt. #, etc: *5th St E*

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

22. City & State: *Bradenton* 27. City, State: *Bradenton FL*

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

23. Zip: *34203* 25. Country: *Manatee* 28. Zip: *34203* 30. Country: *Manatee*

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
*Carla Tralick*  
*908 65th Ave Dr W*  
*Bradenton, FL 34203*

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: *Carla Tralick* *Carla Tralick* *3/21/97*  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: *Pres* NAME: *CARLA TRALICK* STREET ADDRESS: *908 65th Ave Dr W* CITY-ST-ZIP: *Bradenton, FL 34207*  DELETE

TITLE: *Sec.* NAME: *Delores Tralick* STREET ADDRESS: *908 65th Ave Dr W* CITY-ST-ZIP: *Bradenton, FL 34207*  DELETE

TITLE: *TRES.* NAME: *Tommy Tralick* STREET ADDRESS: *908 65th Ave Dr W* CITY-ST-ZIP: *Bradenton FL 34207*  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

**600002127586**  
**-03/28/97--01120--019**  
**\*\*\*165.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information contained 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: *Carla Tralick* *3/21/97* *94-753-3112*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)