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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000001553 (6)

1. Corporation Name

TAILWAGGERS LEARNING CENTER O.T.C. OF SOUTH FLORIDA, INC.



Principal Place of Business
7135 Pigeon Keyway
1400 VILLAGE BLVD.
APT 510
WEST PALM BEACH FL 33409
US Lake Worth 33467

Mailing Address
7135 PIGEON KEY WAY
LAKE WORTH FL 33467-7642

3. Date Incorporated or Qualified 03/25/1994
3a. Date of Last Report 04/26/1996

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25
2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number 65-0488705 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
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

FLATLEY, RACHEL T ESQ.
1400 VILLAGE BLVD.
APT 510
WEST PALM BEACH FL 33409

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City Lake Worth, FL 85 Zip Code 33461

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include PD FLATLEY, RACHEL; VD VERRELLI, KELLIE E.; SD STOKES, SUSAN; TD KING, JEAN M.; D MASULIS, PAULA.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include James T. Hulsey; Kimberly S. Byrne.

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean M. King DATE: 3-4-97 DAYTIME PHONE: 561-795-8949

CR2E037 (9/96)