


FILE NOW: FILING FEE IS \$61.25

FILED

May 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002660 (6)

1. Corporation Name

LIVING CLASSROOMS OF FLORIDA, INC.



Principal Place of Business 3450 NORTHLAKE BOULEVARD SUITE 212 LAKE PARK FL 33403	Mailing Address 3450 NORTHLAKE BOULEVARD SUITE 212 LAKE PARK FL 33403-1712
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3. Date Incorporated or Qualified 05/13/1996	3a. Date of Last Report N/A.
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Suite #211 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 P.O. Box 30476 27 Suite, Apt. #, etc. 28 P.B. Gordons FL 29 33420 30 P.B.
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4. FEI Number 05-0660191	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent O'BRIEN, CHRISTOPHER J 3450 NORTHLAKE BOULEVARD SUITE 212 LAKE PARK FL 33403	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 Suite #211	
84 City	FL
85 Zip Code	

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  DATE 4/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, CHRISTOPHER J	1.2 NAME	
STREET ADDRESS	3450 NORTHLAKE BOULEVARD, SUITE 212	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL 33403	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, GRETTE J	2.2 NAME	
STREET ADDRESS	3450 NORTHLAKE BOULEVARD, SUITE 212	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL 33403	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, TRACY E	3.2 NAME	
STREET ADDRESS	3450 NORTHLAKE BOULEVARD, SUITE 212	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL 33403	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)