

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P10536 (1)  
1. Corporation Name  
LEARNING TECHNOLOGIES LTD. INC.



Principal Place of Business Mailing Address  
ABBOTT BLDG., 2ND FL., P.O. BOX 933 ABBOTT BLDG., 2ND FL., P.O. BOX 933  
ROAD TOWN, TORTOLA, BRITISH ROAD TOWN, TORTOLA, BRITISH  
VIRGIN ISLAND VIRGIN ISLAND

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/23/1986	01/30/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-2621441	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

BATTEN, MICHAEL R.  
BARNETT REGENCY TOWER  
9550 REGENCY SQUARE BLVD., STE 1108  
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name	Same
82 Street Address (P.O. Box Number is Not Acceptable)	1540 The Greens Way
83	
84 City	Jacksonville Beach FL
85 Zip Code	32250

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

Signature typed or printed name of registered agent and then I agree to

(Print Name of Agent) Signature required when the change is

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMATHERS, BRUCE A.	
STREET ADDRESS	ONE INDEPENDENT DR., STE. 2201	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, HASKELL W	
STREET ADDRESS	4302 EVERGREEN LANE, STE 101	
CITY-ST-ZIP	ANNANDALE VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLMES, PETER	
STREET ADDRESS	9855 REGENCY SQUARE BLVD., APT. 111	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, ROBERT A. JR.	
STREET ADDRESS	229 PEACHTREE ST., STE. 2700	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDERS, CARL E.	
STREET ADDRESS	600 PEACHTREE ST., STE. 5200	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHEIDEL, HERBERT W.	
STREET ADDRESS	1224 THE STRAND	
CITY-ST-ZIP	NEPTUNE BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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\*\*\*200.00

4/29/96  
PWC

SIGNATURE:

*Robert A. Parker, Jr.*

Robert A. Parker, Jr.

4/22/96

404-420-4675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)