

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21185 (4)

1. Corporation Name
SOUTHEAST LEARNING SYSTEMS, INC.

Principal Place of Business 123 HICKORY STREET CHILDERSBURG AL 35044 US	Mailing Address 123 HICKORY ST CHILDERSBURG AL 35044 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 123 Hickory St Suite, Apt. #, etc. 22 City & State 23 Childersburg, AL 24 Zip 35044 25 Country		2a. Mailing Address 26 123 Hickory St Suite, Apt. #, etc. 27 City & State 28 Childersburg, AL 29 Zip 35044 30 Country		3. Date Incorporated or Qualified 10/05/1988	
4. FEI Number 63-0955345		Applied For <input type="checkbox"/> 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		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MCLAIN, EDDIE W. 315 MARY ESTHER CUTOFF, SUITE 2 MARY ESTHER FL 32569		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	
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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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MCLAIN, EDDIE W.	1.2 NAME	
STREET ADDRESS	123 HICKORY STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHILDERSBURG AL	1.4 CITY-ST-ZIP	
TITLE	CVD	2.1 TITLE	
NAME	PERKINS, GEORGE A.	2.2 NAME	
STREET ADDRESS	RT.7, BOX 616	2.3 STREET ADDRESS	
CITY-ST-ZIP	SYLACAUGA AL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 filing 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 a duly authorized agent 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 additional page with an address.

SIGNATURE:  Eddie W. McLean 3/30/98 (256) 378-3762

CR2E034 (10/97)