

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000002161 (6)

1. Corporation Name

INTERACTIVE LEARNING SYSTEMS, INC.



Principal Place of Business

Mailing Address

**PUBLIC SCHOOLS CONSULT/COMPUTERS
P O BOX 919
MONTICELLO FL 32345
US**

**P O BOX 919
MONTICELLO FL 32345
US**

2. Principal Place of Business		2a. Mailing Address	
21. P.O. Box 919 Monticello	26. P.O. Box 919		
22. FL	27. FL		
23. Monticello	28. Monticello		
24. 32345	29. 32345		
25. Jefferson	30. Jefferson		

3. Date Incorporated or Qualified 01/07/1993	3a. Date of Last Report 04/12/1995
4. FEI Number 59-3167697	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
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

**GREEN, RONNY
RT. 4 BOX 4167
MONTICELLO FL 32344**

10. Name and Address of New Registered Agent

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

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 listed on previous filings required when filing this report.

(If the Registered Agent's signature is required when filing this report, it must be included.)

DATE

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	GREEN, RONNY	1.2 NAME	NA
STREET ADDRESS	RT. 4 BOX 4167	1.3 STREET ADDRESS	NA
CITY - ST - ZIP	MONTICELLO FL 32344	1.4 CITY - ST - ZIP	NA
TITLE	SVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, DELORES	2.2 NAME	NA
STREET ADDRESS	RT 4 4167	2.3 STREET ADDRESS	NA
CITY - ST - ZIP	MONTICELLO FL	2.4 CITY - ST - ZIP	NA
TITLE	BM	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYNDER, WILLIM	3.2 NAME	NA
STREET ADDRESS	RT 3 BOX 567-B	3.3 STREET ADDRESS	NA
CITY - ST - ZIP	TALLAHASSEE FL	3.4 CITY - ST - ZIP	NA
TITLE	BM	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, KATHY	4.2 NAME	NA
STREET ADDRESS	RT 3 BOX 567-B	4.3 STREET ADDRESS	NA
CITY - ST - ZIP	TALLAHASSEE FL	4.4 CITY - ST - ZIP	NA
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	NA
STREET ADDRESS		5.3 STREET ADDRESS	NA
CITY - ST - ZIP		5.4 CITY - ST - ZIP	NA
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	NA
STREET ADDRESS		6.3 STREET ADDRESS	NA
CITY - ST - ZIP		6.4 CITY - ST - ZIP	NA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ronny Green

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-96

9974886

Date

Signature Number

CR2E034 (3/96)