PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

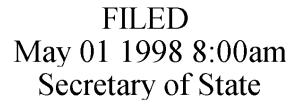
DOCUMENT #

1. Corporation Name P93000014785 (8)

LEARNING CONSULTANTS, INC.

rincipal	Place of	Business
----------	----------	----------

Mailing Address





	rsity drive rings fl 33065	2912 UNIVERSIT CORAL SPRING						DO NOT WRIT		SPACE		
						3		e Incorporated or Qualified 2/24/1993				
2. Principal P	lace of Business	2a. Mailing Addres	2a, Mailing Address			4	4. FEI !	Number		1	Applied For	
21		26					65-0390114			Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5	5. Certificate of Status Desired Security Securi						
City & State		City & State			6	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip	Country	Zip	Zip Country			8	8. This corporation owes or has paid the current year Intangible					
24	25 9. Name and Address of Current		29 30 30 anistered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
•		Trogistored Agent	 .,	81	Nar		U. 112	allo Piaciose Di Italia	ogioto.ca			
STEUERMAN, ELLEN W 493 NW 101 AVE CORAL SPRINGS FL 33071				-	Chri	eet Address (P.O. Box Number is Not Acceptable)						
				82	Stre	et Address ((P.O. B	SOX NUMBER IS NOT Accepts	abie)			
				83								
				84	City	/		-	FL	85 Zi	p Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida	Statutes, the	abov	l e-narr	ned corporati	tion sub	omits this statement for the		changing	its registered	
office or r	to the provisions of Sections 607-0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	of Florida. Such chang J ods ∩ I. Section 6∩ T	e was author	zed by Statute	y the o s.	corporation's	s board	of directors. I hereby according	ept the app	ointment	as registered	
SIGNATURE	,		*									
	Signature, typed or printed name of registered agen				ent sign:	ature required who			υΕ		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
12.	OFFICERS AND	DELI DELI		3.			ADDI	TIONS/CHANGES TO OFF	ICERS ANL	DIRECTO Change		
TITLE NAME	Steuerman, ellen w			1 TITLE 2 Name							e 🗀 Addition	
STREET ADDRESS	A SA A MAN AND A STATE OF THE ALL PARTY AND A SA			1.3 STREET ADDRESS		ec						
CITY-ST-ZIP	CORAL SPRINGS FL 33071			1.4 CITY - ST - ZIP		33						
TITLE	V	DELI		1 TITLE	71 2.11					Chang	e Addition	
NAME	STEUERMAN, SERENA E		2.	2 NAME								
STREET ADDRESS	2139 UNIVERSITY DRIVE, SU	JITE 230	2.	3 STREET	I ADDRE	ss						
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2.	4 CITY -	ST-ZIP							
TITLE	S	☐ DELI	TE 3	1 TITLE						Chang	e Addition	
NAME	- Steuerman, Morisa s		3.	2 NAME								
STREET ADDRESS	2139 UNIVERSITY DRIVE, SL	JITE 230	3.	3 STREET	ADDRE	ss						
CITY-ST-ZIP	CORAL SPRINGS FL 33071		3.	4 CITY-	ST-ZIP							
TITLE	T	☐ DELI	TE 4.	1 TITLE						☐ Chang	e 🔲 Addition	
NAME	Steuerman, E. Manny		4.	2 NAME							į	
STREET ADDRESS	2139 UNIVERSITY DRIVE, SL	JITE 230	4.	3 STREET	I ADDRE	ss					ł	
CITY-ST-ZIP	_CORAL SPRINGS FL 33071			4 CITY-S	ST-ZIP							
TITLE		☐ DELI	TE 5.	1 TITLE						☐ Chang	e 🔲 Addition	
NAME			5.	2 NAME								
STREET ADDRESS			5.	3 STREET	r addre	ss					1	
CITY-ST-ZIP				4 CITY - S	ST-ZIP					7 -		
TITLE		☐ DÉLE	ETE 6.	1 TITLE						☐ Chang	e 🔲 Addition	
NAME			.	2 NAME							}	
STREET ADDRESS			6.	3 STREET	ADDRE	ss						
CITY-ST-ZIP			6.	4 CITY-5	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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.