


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90102 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000014785

1. Corporation Name
LEARNING CONSULTANTS, INC.



Principal Place of Business 2912 UNIVERSITY DRIVE CORAL SPRINGS FL 33065	Mailing Address 2912 UNIVERSITY DRIVE CORAL SPRINGS FL 33065
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 9395 W. SAMPLE RD.

2a. Mailing Address
26 9395 W. SAMPLE RD

3. Date Incorporated or Qualified
02/24/1993

4. FEI Number
65-0390114

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 CORAL SPRINGS, FL

City & State
28 CORAL SPRINGS, FL

Zip
24 33065

Country
25 USA

Zip
29 33065

Country
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEUERMAN, ELLEN W
493 NW 101 AVE
CORAL SPRINGS FL 33071

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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	P	<input type="checkbox"/> DELETE
NAME	STEUERMAN, ELLEN W	
STREET ADDRESS	2139 UNIVERSITY DRIVE, SUITE 230	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9395 W. SAMPLE RD
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	V	<input type="checkbox"/> DELETE
NAME	STEUERMAN, SERENA E	
STREET ADDRESS	2139 UNIVERSITY DRIVE, SUITE 230	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACOBS, SERENA
2.3 STREET ADDRESS	9395 W. SAMPLE RD
2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	S	<input type="checkbox"/> DELETE
NAME	STEUERMAN, MORISA S	
STREET ADDRESS	2139 UNIVERSITY DRIVE, SUITE 230	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GOLDMAN, MORISA
3.3 STREET ADDRESS	9395 W. SAMPLE RD
3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	T	<input type="checkbox"/> DELETE
NAME	STEUERMAN, E. MANNY	
STREET ADDRESS	2139 UNIVERSITY DRIVE, SUITE 230	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	9395 W. SAMPLE RD
4.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLEN W. STEUERMAN

Date

Daytime Phone #

4/20/99 (954) 344-2230

CR2E034 (11/98)