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FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000027569 (1)

1. Corporation Name

PINES LEARNING CENTRE, INC.



Principal Place of Business

3111 UNIVERSITY DR
720
CORAL SPRINGS FL 33065
US

Mailing Address

3111 UNIVERSITY DR
720
CORAL SPRINGS FL 33065
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1993

4. FEI Number

65-0400541

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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

EPSTEIN, LESLEY
210 UNIVERSITY DR #301
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name LAWRENCE FISHER
82 Street Address (P.O. Box Number is Not Acceptable) 3111 UNIVERSITY DR. #720
83
84 City Coral Springs FL 85 Zip Code 33065

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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

1/6/98

12. OFFICERS AND DIRECTORS

TITLE PD DELETED

NAME EPSTEIN LESLEY
STREET ADDRESS 3111 UNIVERSITY DR #720
CITY - ST - ZIP CORAL SPRINGS FL

TITLE DS DELETED

NAME FISHER, LAWRENCE
STREET ADDRESS 3111 UNIVERSITY DR#720
CITY - ST - ZIP CORAL SPRINGS FL

TITLE DELETED

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETED

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETED

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETED

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change 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.

SIGNATURE

Signature of registered agent

1/1/98 (900) 345-2266

CR2E034 (10/97)