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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P93000042924 (9)

FILED May 20 1998 8:00am Secretary of State

INCAA D	EGINNING LEARNING CEN	TER, INC.								
Principal Place of Business Mailing Address								*# 11#1# [#1]# 11#	11 9191 1991	
1500 NW 11TH ST 2765 W. CYPRESS CREEK RD. FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33309						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified	IN IMIS	SPACE		٦
						06/17/1993				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		⋉ Ap	plied For	
21		26				65-0422341		No	t Applicable]
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be	1
23		28				Trust Fund Contribution		Added t	to Fees	1
Zip	Country	Zip	Countr	У		8. This corporation owes or has pa			-	1
24	25	29	30			Personal Property Tax due June			J No	
PAI	9. Name and Address of Currer	n Hegistered Agent	81	Name		10. Name and Address of New Re	gistered	Agent		-
	r bs tein, david r 35 W. Cypress Creek Rd.		}							
	LAUDERDALE FL 33311		82	Street /	Addre	ss (P.O. Box Number is Not Acceptal	ble)			1
F1	CAUDENDALE PE 35311		83							4
			<u>L</u>	1						1
i			84	City			FL	85 Zip (Code]
	to the provisions of Sections 607.050 ogistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607,1508, Florida Statut e of Florida. Such change was lations of, Section 607,0 505, Fl	tes, the above authorized b lorida Statute	ve-named by the corp es.	corpo poratio	ration submits this statement for the parties board of directors. I hereby acce	purpose o	f changing it pointment as	s registered registered	1
SIGNATURE										
	Signature, typing or printed name of tegestered ag-	est and title dupplicable (NO)	TE: Registered Ag	gent signature	tequirus	I when reinstating)	DATE			-
12,		ent and title d'applicable (NOT D-DIRECTORS	TE: Registered A;	gent signature	tequirus	when reinstating) ADDITIONS/CHANGES TO OFFICE		D DIRECTOR	S IN 12	Q
	OFFICERS AN			gent signature	tequirus			D DIRECTOR Change	S IN 12	4007
12.	PD SCOTT, CLARISSA	D DIRECTORS	13.	·						7007
12. TITLE	PD SCOTT, CLARISSA 1500 NW 11TH ST	D DIRECTORS	13. 11 Title 1.2 NAME	·	tequirus					COO (4000)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD SCOTT, CLARISSA 1500 NW 11TH ST FT LAUDERDALE FL 33311	O DIRECTORS DELETE	13. 11 Title 12 NAME 13 STREE 14 City-	et address				Change	Addition	COOC MODE
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio indicated on this annual report is stude 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 trustoe 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.

GNATURE:

SIGNATURE: