**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 #
1. Corporate Name P93000059111 (3)

Learning Dimensions, Inc.

Principal Place of Business
1771 NE 12 Street
FT. Lauderdale, FL
33304

Mailing Address
1771 NE 12 Street
FT. Lauderdale, FL
33304

2. Principal Place of Business
21 1771 NE 12 Street
Suite, Apt. # or Bldg.
22
City & State
23 Ft. Laud, FL
Zip
24 33304
County
25 Brwd

2a. Mailing Address
26 same
Suite, Apt. # or Bldg.
27
City & State
28 same
Zip
29 same
Country
30

3. Date Incorporated or Qualified 08/24/93
3a. Date of Last Report 1995
4. FEI Number 65-0441101
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. The corporation has liability for unpaid sales tax under Chapter 212 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name Robert Gagne
82 Street Address (P.O. Box Number is Not Acceptable) 1771 NE 12 Street
83
84 City Ft. Lauderdale FL
85 Zip Code 33304

11. Pursuant to Section 607.0123 Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Authorized by the Corporation's Board of Directors. I hereby accept the appointment as registered agent.
SIGNATURE Robert Gagne Robert Gagne, Pres 8-1-96
Date

12. Officers and Directors
Title / Name / Address / City, State, Zip

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title / Name / Address / City, State, Zip
Gagne, Robert P. P/D [✓] Change [ ] Add
1771 NE 12 Street
Ft. Lauderdale, FL 33304

CR2E034 (3/96)

400001913874
-08/06/96--01108--015
***225.00

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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.

SIGNATURE: Robert Gagne Robert Gagne, President 8-1-96 (954) 532-3051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR