

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 # P94000037574 (8)

1. Corporation Name

LOVE TO LEARN, INC.



Principal Place of Business

Mailing Address

10590 PINE TREE TERRACE  
BOYNTON BEACH FL 33436

10590 PINE TREE TERRACE  
BOYNTON BEACH FL 33436

3. Date Incorporated or Qualified

05/16/1994

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

11579

USA

4. FEI Number

65-0505538

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 has liability for intangible tax under s. 199.032  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONATO, RICHARD T  
7700 DAVIE ROAD EXTENSION  
HOLLYWOOD FL 33024

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 resigning)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CORNACCHIA, JOSEPH  
STREET ADDRESS 10590 PINE TREE TERRACE  
CITY - ST - ZIP BOYNTON BEACH FL 33436

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE D  
NAME LANGLADE, GERALD M  
STREET ADDRESS 163 - THIRD AVE.  
CITY - ST - ZIP NEW YORK NY 10003

☐ DELETE

1.2 NAME ☐ Change ☐ Addition

TITLE D  
NAME MCNULTY, KEVIN  
STREET ADDRESS 310 1ST AVE.  
CITY - ST - ZIP NEW YORK NY 10009

☐ DELETE

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/96

Date

Daytime Phone #

CR2E034 (3/96)