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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400052674 (6)

REALISTIC LEARNING SYSTEMS, INC.

	ce of Business	Mailing Address	_								
10301 N.W. 71 PLANTATION	=	10301 N.W. 7TH STREET PLANTATION FL 33324-1006									
						3. Date Incorporated or 07/12/1994	Qualified		te of Last Re 25/1996	aport	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		-1	Ap	plied For	
21		26			65-0506227			No	t Applicable		
Suite, Apt	. #, etc	Suite, Apt. #, etc.			5. Certificate of Status D	esiren		\$8.75 A			
22		27						Fee Re	··		
City & State		City & State			6. Election Campaign Fir	-		\$5.00			
23	28					Trust Fund Contribution			Added t		
₁ Zip	Country	, ' 		ountry	er me corporation nac necessary re-			ntangible ZYes □		199.032,	
24	29 ent Registered Agent	30 Sept			10. Name and Address						
00		in registered Agent		81	Name	(b) Hallo alla Hadress	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gioloiou r			
	HWARTZ, ROBERTA L 301 N.W. 7TH STREET										
	ANTATION FL 33324		82 Street Ad			Address (P.O. Box Number is No	: Acceptab	ole)			
ru	ANTATION FE 33324			83			·····				
				84	City				85 Zip (Code	
				"	City			FL			
office or agent 1	t to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli	e of Florida. Such change was	s authoriz	ed by	the cord	corporation submits this stateme loration's board of directors. I he	nt for the p reby accer	ourpose of of the appi	changing it ointment as	s registered registered	
SIGNATURE	Signartine, typied or printed name of registered a	gent and title if applicable (N	OTE: Registe	red Age	ni signature	required when reinstating)		DATE			
12.	OFFICERS AND DIRECTORS		13	13.		ADDITIONS/CHANGES	TO OFFIC	ERS AND			
FiftE	PD	☐ DELETE	1.5	TITLE					Change	Addition	
NAME	SCHWARTZ, ROBERTA L		12	NAME							
STREET ADDRESS			13	STREET	ADDRESS						
CITY - \$1 - 7iP	PLANTATION FL 33324		1.4	CITY-S	T-21P						
THEF	STD	☐ DELETE	2.1	TITLE					Change	Addition	
NAME	SCHWARTZ, SHELDON J		2.2	NAME							
STREET ADDRESS			2.3	STREET	ADDRESS						
City-ST-7IP	PLANTATION FL 33324		2.4	CITY-	ST-ZIP						
701LE		☐ DELETE	3.1	TITLE		VPD ADAMS			Change	Addition	
NAME			3.2	NAME		DEBBIE ADAMS 12799 NW 18 MA	NOR				
STREET ADDRESS	;		3.3	STREET	ADDRESS	12799 MM 10 111			_		
C TY - ST - ZIP				. CITY-	ST - ZIP	PEMBROKE PINE	5 FL	3302		2 1 100	
TITLE	1	☐ DELETE		TITLE					Change	Addition	
NAME			4.3	2 NAME							
STREET ADDRESS	5		4.3	STREET	ADDRESS						
CITY-ST ZIP			4.4	CITY - S	T-ZIP	·					
TITLE		DELETE	5.1	TITLE					☐ Change	Addition	
NAME			5.2	NAME							
STREET ADORESS	5		5.3	STREET	ADDRESS						
CITY-SI ZiP			5.4	CITY-S	ST-ZIP	·					
THLE		☐ DELETE	61	TITLE					Change	Addition	
NAME			6.2	NAME							
STREET ADDRESS	s		63	STREET	ADDRESS						

64 CITY-ST-ZIP

SIGNATURE:

14. 1 do 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.

FILED

Apr 21 1997 8:00am

Secretary of State