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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortnam Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000047660 (2)

1. Corporation Name	Ħ	1 30	T1 C	<i>,</i> 00	15
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SMART START, A LEARNING STORE, INC. Mailing Address Principal Place of Business 911 SYMPHONY BEACH LANE 911 SYMPHONY BEACH LANE APOLLO BEACH FL 33572 APOLLO BEACH FL 33572 3. Date Incorporated or Qualified 3a. Date of Last Report 06/15/1995 Applied For FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0586248 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be City & State City & State \Box Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zin Florida Stalutes ☐ Yes ☐ No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 Street Address (P.O. Box Number is Not Acceptable) MANN. ARTHUR L 82 911 SYMPHONY BEACH LANE 83 APOLLO BEACH FL 33572 Zip Code 84 City 22 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office and 607 1508, Florida Statutes the above-named corporation's board of directors. Thereby accept the appointment as registered agent. Lam 607,0505, Florida Statutes. 11. Pursuant to the or registered familiar with, SIGNATURE CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 Change Addition DELETE 1.1096 TITLE MANN, ARTHUR L 1.2 NAME NAME 911 SYMPHONY BEACH LANE 13 STREET ADDRESS STREET ADDRESS 1.4 CUTY - ST - ZIP APOLLO BEACH FL 33572 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2 1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CHY - \$1 - ZiP CITY - ST - ZIP DELETE Change Addition 3 1 THUE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY+ST-ZIP CITY - ST - ZIP DELETE ☐ Change ■ Addition 4 1 T:TEF TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST ZIP CITY-ST-ZIP Addition Change DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 100001777961 5.4 CITY - ST - 7.P CITY - ST - ZIP -04/12/96--01017--007^{change} DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIF CITY - SY - ZiP furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further annual port is true and accurate and that my signature shall have the same legal effect as if made under uster or powered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do horeby certify that the information supplied with the certify that the information indicated on this aurius/of oath; that I am an officer or director of the corporation appears in Block 12 or Block 13 if changed

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96

813-651-3314

SG-4-11-96