

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Wortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 29 1997 8:00am  
Secretary of State

DOCUMENT # P95000057607 (0)

1. Corporation Name  
LOIS'S LEARNING CENTER, INC.



Principal Place of Business  
1345 WEST KALEY STREET  
ORLANDO FL 32805

Mailing Address  
4942 CENTER LANE  
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 718 W. Michigan St.  
Suite, Apt. #, etc.  
22  
City & State  
23 Orlando, FL  
Zip  
24 32805  
Country  
25 Orange  
26  
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29  
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3. Date Incorporated or Qualified 07/26/1995  
3a. Date of Last Report 06/07/1996  
4. FEI Number 59-3329062  
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WASHINGTON, ESTHER L  
1345 WEST KALEY STREET  
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 Esther L. Washington, Esther L. Washington President 7/19/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD ☐ DELETE  
NAME WASHINGTON, ESTHER L  
STREET ADDRESS 1345 WEST KALEY STREET  
CITY-ST-ZIP ORLANDO FL 32805  
TITLE DV ☐ DELETE  
NAME WASHINGTON, WILLIE L  
STREET ADDRESS 1345 WEST KALEY STREET  
CITY-ST-ZIP ORLANDO FL 32805  
TITLE DST ☒ DELETE  
NAME WASHINGTON, MARCUS A  
STREET ADDRESS 1345 WEST KALEY STREET  
CITY-ST-ZIP ORLANDO FL 32805  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Esther L. Washington Pres.  
1.3 STREET ADDRESS 718 W. Michigan  
1.4 CITY-ST-ZIP Orlando, FL 32805 Treas.  
2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Willie L. Washington VP  
2.3 STREET ADDRESS 718 W. Michigan St.  
2.4 CITY-ST-ZIP Orlando, FL 32805 Sec.  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE Esther L. Washington 7/19/97 407-316-8555

CR2E034 (4/97)