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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000085918 (7)
1. Corporation Name

SOUTH FLORIDA ACADEMY OF LEARNING, INC.

Principal Place of Business Mailing Address

4640 NW 74TH PLACE

COCONITE OPER EL 33073

COCONITE OPER EL 33073



22 City & State City & State 6. Election Campaign Financing \$	Applied For Not Applicate S.75 Additional S.60 May Be Added to Fees der s 199.032, at Zip Code g its registered off lered agent i am
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name MAISANO, ANTHONY 4640 NW 74TH PLACE COCONUT CREEK FL 33073 12. Street Address (P.O. Box Number is Not Acceptable) 13. ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS) 14. Director of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing or registered agent, or both; in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as regist familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATUR	Zip Code g its registered off lered agent I am
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4. I do hereby certify that the information supplied with this fiting is voluntarily furnished and does not qualify for the examption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this animal 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 confirmation or the receive 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 attanhement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR BUTTED NAME OF SIGNING OFFICER DR DIRECTOR

4-16-96

954-427-7788