

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90136 006 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000003239

1. Corporation Name

LEARNING WHEEL, INC.



Principal Place of Business

2435 SW 27TH AVE  
OCALA FL 34474  
US

Mailing Address

2850 SE 36TH STREET  
OCALA FL 34471

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 5112 SOUTH POINTE DR		01/03/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3365704	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28 INVERNESS FL		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29 34450		30 USA	
Country		Country		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		29		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		81 Name	
HARRELSON, ALBERT R		5112 SOUTH POINTE DR		82 Street Address (P.O. Box Number is Not Acceptable)	
2850 SE 36TH STREET		INVERNESS FL		83	
OCALA FL 34471		34450		84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.050 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> DELETE		2.2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.5 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.5 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP			

14. I 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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)