

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

FILED  
May 14 1997 8:00am  
Secretary of State

DOCUMENT # P96000039381 (4)

1. Corporation Name

SYSTEM DESIGNED LEARNING, INC.

Principal Place of Business

18 VIA DE CASAS SUR #204  
BOYNTON BEACH FL 33428

Mailing Address

18 VIA DE CASAS SUR #204  
BOYNTON BEACH FL 33426-8845



3. Date Incorporated or Qualified

04/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 6048 ROYAL BIRKDALE DR

Suite, Apt. #, etc.

2a. Mailing Address

26 6048 ROYAL BIRKDALE DR

Suite, Apt. #, etc.

4. FEI Number

05-0675686

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

City & State

23 LAKE WORTH FL

Zip

24 33463

Country

25 US

City & State

28 LAKE WORTH FL

Zip

29 33463

Country

30 US

9. Name and Address of Current Registered Agent

LASSANDRO, SARA D  
18 VIA DE CASAS SUR #204  
BOYNTON BEACH FL 33428

10. Name and Address of New Registered Agent

81 Name

SARA D. LASSANDRO

82 Street Address (P.O. Box Number is Not Acceptable)

6048 ROYAL BIRKDALE DRIVE

83

84 City

LAKE WORTH

FL

85 Zip Code

33463

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

SARA D. LASSANDRO

Sara D. Lassandro

04/29/97

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 DPST  
NAME LASSANDRO, SARA D  
STREET ADDRESS 18 VIA DE CASAS SUR #204  
CITY-ST-ZIP BOYNTON BEACH FL 33428

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DPST

1.2 NAME

SARA D. LASSANDRO

1.3 STREET ADDRESS

6048 ROYAL BIRKDALE DR

1.4 CITY-ST-ZIP

LAKE WORTH, FL 33463

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Sara D. Lassandro SARA D. LASSANDRO

04/29/97 4561 642 4393

CR2E034 (9/96)