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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State

DOCUMENT # P96000052538 (1)

LITTLE LEARNING PLACE, INC.

Secretary of State DIVISION OF CORPORATIONS

|--|--|

FILED

May 08 1998 8:00am

Principal Place	of Business	Mailing Address					
11004 MARTH PORT RICHEY		11004 MARTHA AVE PORT RICHEY FL 34668					
101111111111111111111111111111111111111					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					06/18/1996		
	ace of Business	2a. Mailing Address			4. FEI Number Applied For		
Suite, Apt. #, etc. 22 City & State		26 Suite, Apt. #, etc. 27 City & State			59-3389369 Not Applica		
					5. Certificate of Status Desired Fee Required		
					6. Election Campaign Financing \$5.00 May Be		
23	•	28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Countr	γ	This corporation owes or has paid the current year Intangible		
24	25	├ ── '	30	•	Personal Property Tax due June 30. Yes No		
-71	g. Name and Address of Curren				10. Name and Address of New Registered Agent		
WA	LTON, MARY	74.18	81	Name			
	ISC BANCROFT PLACE		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	M HARBOR FL 34683		64	SI BOL AGO	JIESS (F.O. BOX Nulliber is Not Acceptable)		
,,,,			83	3			
			84	City	85 Zip Code		
			-	1 - 7	₱ ₽₽		
SIGNATURE	Signature, typed or printed name of registrated age OFFICERS AN	ont and title if applicable (NOTE	: Registered A		rporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registered under the appointment as r		
12.	PD OFFICERS AN	D DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	WALTON, MARY	- Officir	1.2 NAME				
STREET ADDRESS	2155C BANCROFT PLACE			ET ADDRESS	•		
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-				
TITLE	STD	DELETE	21 TITLE		☐ Change ☐ Add		
NAME	WALTON, SPENCER		2.2 NAME				
STREET ADDRESS	2155C BANCROFT PLACE			ET ADDRESS	• .		
CITY-ST-ZIP	PALM HARBOR FL 34683		2. 4 CITY				
TITLE		☐ DELETE	3 1 TITLE		Change Add		
HAME			3 2 NAME	:			
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Add		
NAME			4 2 NAM	E			
STREET ADDRESS			4.3 STREI	ET ADDRESS			
CITY-ST-Z#P			4.4 CITY				
TITLE		☐ DELETE	5.1 TITLE		Change Add		
NAME			5.2 NAME	:			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		☐ DELETE	6.1 TITLE	Į.	Change Add		
NAME	•		6.2 NAMI	i			
STREET ADDRESS		•		ET ADDRESS			
CITY+ST-ZIP			6.4 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 an address.