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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthant

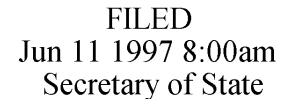
Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600054853 (2)

LANNOM TRANSFORMATIONAL LEARNING, INC.

Principal Place of Business

Mailing Address





3109 STIRLING RD #201 FT LAUDERDALE FL 33312		3109 STIRLING RD #201 FT LAUDERDALE FL 33312-6558						
					3. Date Incorporated or Qualified 06/26/1996	3a. Date	of Last f	Report
	Place of Business	2a. Mailing Address			4. FEI Number 65-0689	200	А	pplied For
21	4 010	26			62-0601	900		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	5. Certificate of Status Desired See Required Fee Required		
City & Stat	le	City & State			Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	28) Zip	Coun	trv	8. This corporation has liability for			to Fees
24	25	29	30	-,	Florida Statutes	Yes		s. 199.032,
	9. Name and Address of Curre				10. Name and Address of New Re		jent	
KET	rover, steve M		[8	Name				
	9 STIRLING RD #201		1	32 Street Ac	Idress (P.O. Box Number is Not Acceptab	ole)		
FŤ۱	LAUDERDALE FL 33312							
31.	F-16		8	3				
•			8	Gity		FL	85 Zip	Code
1. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	tutes, the abo	ve-named co	prporation submits this statement for the p	urpose of c	<u>l</u> hanging i	its registered
Office or r	registered agent, or both, in the Stat im familiar with, and accept the obli	e of Florida. Such change wa	is authorized.	by the corpo	ration's board of directors. I hereby accep	ot the appoi	ntmönt as	registered
SIGNATURE		gamento on occinent contrology	T DINIG ORG					
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (N	IOTE. Rogistered	Agent signature re	quired when reinstating)	DATE	··· -	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTO	1S IN 12
TITLE	D	☐ DELETE	1.1 THL	E		L	Change	Addition
NAME	KETOVER, STEVE M		1.2 NAM	E				
STREET ADDRESS	3109 STIRLING RD #201		1.3 STRI	ET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33312			- ST - 71P				
TITLE		☐ DELETE	21 HIL			L	Change	Addition
NAME			2.2 NAM					
STREET ADDRESS				ET ADDRESS	•	• •		
CITY-ST-ZIP TITLE		DELETE	2 4 C(T)	/-\$I-ZIP			Change	Addition
NAME			3.2 NAM				_ crisings	Addition
STREET ADDRESS				FT ADDRESS				
CITY-ST-ZIP				(- S1-ZIP				
TITLE		DELETE	4.1 7(1)				Change	Addition
NAME			4. 2 NAN	1E			J	. —
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CHY	- ST - ZIP				
TITLE		☐ DELE!E	5.1 TITE				Change	☐ Addilion
NAME			5.2 NAM	£				
STREET ADDRESS			53 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	- \$1 - ZIP		<u></u>		
TITLE		DELETE	61 TITLI				Change	Addition
NAME			62 NAM	E				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST-ZIP			6.4 DHY	- 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 trusted 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.