FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000064092 (5)**

1. Corporation Name
THE LEARNING ZONE, INC.

Principal Place of Business	Mailing Address
1419 SUNSET POINT ROAD CLEARWATER FL 34615	1419 SUNSET POINT ROAD CLEARWATER FL 34615-1537

3. Date Incorporated or Qualified: 07/31/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 1419 Sunset Point Rd
22: Suite, Apt. #, etc.
23: City & State: Clearwater, Fl 346-
24: Zip: 34615
25: Country: Pinellas

2a. Mailing Address
26: 9009 Seminole Blvd
27: Suite, Apt. #, etc.: 2 B
28: City & State: Seminole Florida
29: Zip: 33772
30: Country: Pinellas

4. FEI Number: 59-3398094 ☑ 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

9. Name and Address of Current Registered Agent

MLINARICH, FAY B
1419 SUNSET POINT ROAD
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name: MLinarich, Fay B.
82 Street Address (P.O. Box Number is Not Acceptable): 1900 Glen Lake Blvd
83:
84 City: St. Petersburg FL 85 Zip Code: 33702

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: Fay B Mlinarich 2/20/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MLINARICH, FAY B 1419 SUNSET POINT ROAD CLEARWATER FL 34615	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PSTD MLinarich, Fay B. 1900 Glen Lake Blvd St. Petersburg FL 33702	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MLINARICH, DEAN R 1419 SUNSET POINT ROAD CLEARWATER FL 34615	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD MLinarich, Dean R. 1900 Glen Lake Blvd St. Petersburg FL 33702	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: Fay B Mlinarich 2/20/97 (813) 395-1992