

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

03-26-1999 90028 034 ***150.00

DOCUMENT # P96000064092

1. Corporation Name

THE LEARNING ZONE, INC.

Principal Place of Business

1419 SUNSET POINT ROAD
CLEARWATER FL 34615

Mailing Address

~~9009 SEMINOLE BLVD~~ 6001 Park Blvd
~~28~~
~~SEMINOLE FL 33772~~ Pinellas Park
~~FL 33781~~

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 6001 Park Blvd Pinellas Park
Suite, Apt. #, etc. FL 33781

27 City & State

28 Pinellas Park FL

Zip

Country

29 33781

30 U.S.

9. Name and Address of Current Registered Agent

MLINARICH, FAY B
1900 GLEN LAKE BLD
ST PETERSBURG FL 33702

3. Date Incorporated or Qualified

07/31/1996

4. FEI Number

59-3393094

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Fay B Mlinarch

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

2085 Massachusetts Ave NE

83

84 City

St. Petersburg

FL

85 Zip Code

33703

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

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 ☐ DELETE

NAME MLINARICH, FAY B
STREET ADDRESS 2085 MASS. AVE. NE
CITY-ST-ZIP ST. PETERSBURG FL 33708

TITLE ☐ DELETE

NAME MLINARICH, DEAN R
STREET ADDRESS 2085 MASS. AVE. NE
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Director

1.2 NAME

Sherry Farhadi

1.3 STREET ADDRESS

4202 45 Ave N

1.4 CITY-ST-ZIP

St. Petersburg, FL 33714

2.1 TITLE

Director

2.2 NAME

Nikki Williams

2.3 STREET ADDRESS

1201 Stoney Brook Lane

2.4 CITY-ST-ZIP

Dunedin, FL 34698

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/99 7274586503

CR2E034 (1/98)