

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

pg. 1

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 00000070937
1. Corporation Name COMPUTER LEARNING RESOURCE CENTER INC.

FILED

97 JUN 23 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business PEMBROKE PINES FLORIDA
Mailing Address 1461 N. PALM AVE
PEMBROKE PINES
FLORIDA, 33026

3. Date Incorporated or Qualified <u>SEPT 12, 1996</u>	3a. Date of Last Report <u>—</u>
4. FEI Number <u>65-0691739</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

MICHELE McMAHON
10501 NW 8TH STREET
PEMBROKE PINES, FL. 33026

10. Name and Address of New Registered Agent

61 Name ERNEST BERRY
62 Street Address (P.O. Box Number is Not Acceptable)
16297 SW 2ND DR.
63
64 City PEMBROKE PINES, FL 65 Zip Code 33027

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 Ernest Berry ERNEST BERRY TREASURER 06-17-1997
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	<u>PRESIDENT & DIRECTOR</u> <input checked="" type="checkbox"/> DELETE
NAME	<u>MICHELE McMAHON</u>
STREET ADDRESS	<u>10501 NW 8TH ST.</u>
CITY - ST - ZIP	<u>PEMBROKE PINES, FL. 33026</u>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<u>PRESIDENT & SECRETARY</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<u>ANJEANETTE BERRY</u>
13 STREET ADDRESS	<u>10517 NW 8TH STREET</u>
14 CITY - ST - ZIP	<u>PEMBROKE PINES, FL. 33026</u>
21 TITLE	<u>DIRECTOR & (TREASURER)</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<u>ERNEST BERRY</u>
23 STREET ADDRESS	<u>16297 SW 2ND</u>
24 CITY - ST - ZIP	<u>PEMBROKE PINES, FL. 33027</u>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<u>00000222740</u>
43 STREET ADDRESS	<u>-06/25/97--01084--008</u>
44 CITY - ST - ZIP	<u>****165.00 ****165.00</u>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - 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 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: Ernest Berry ERNEST BERRY DIRECTOR & TREAS. 06-17-97 437-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

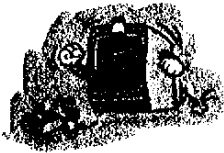
pg. 2

Computer Learning Resource Center, Inc.

1461 Palm Avenue
Pembroke Pines, FL 33026

(954) 437-5300

"We Specialize In Beginners"



06-17-97

To: DIVISION OF CORPORATIONS

TO WHOM IT MAY CONCERN:

AS YOU CAN SEE FROM "PROFIT CORPORATION ANNUAL REPORT" FORM ENCLOSED, WE HAVE CHANGED OUR CORPORATE OFFICERS TO SOME EXTENT.

MICHELLE McMAHON SENT US AND THE STATE OF FLORIDA HER RESIGNATION LETTER DATED THE 23RD OF MAY, 1997. MICHELLE McMAHON ALSO TOOK A REGULAR FULL-TIME JOB NOT CONNECTED WITH OUR CORPORATION IN ANY WAY, BACK IN THE VERY FIRST WEEK OF MARCH 1997. SHE DID KNOW ALL THE PARTICULARS OF THE CORPORATION AS PRESIDENT + DIRECTOR, BUT SINCE MARCH WE HAVE BEEN LEARNING WHAT WE NEED TO KNOW AS WE GO ALONG WHILE TRYING TO STAY IN BUSINESS + NOT LOSE THIS CORPORATION.

THE YOUNG LADY I SPOKE WITH AT "DIV. OF CORPS." IN TALLAHASSEE TODAY MADE ME AWARE THAT THE STATE SENDS SEVERAL NOTICES TO FILE BEFORE MAY FIRST. I AM WRITING TO REQUEST THAT WE BE ABLE TO PAY THE \$165.00 FEE. IF THIS IS A YEARLY FEE, WE ARE NOW AWARE OF IT + WHEN IT IS DUE, BY MAY FIRST. WE WOULD GREATLY APPRECIATE BEING ABLE TO HAVE THIS \$550.00 FEE WAIVED IN FAVOR OF THE REGULAR \$165.00 DUE TO EXTREME FINANCIAL HARDSHIP OF TRYING TO KEEP THIS BUSINESS GOING. THANK YOU.

SINCERELY Ernest R. Romy, TREAS. + DIRECTOR