

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000068520 (0)
 1. Corporation Name
THREE STAR LEARNING CENTER, INC.



Principal Place of Business 1202 E SKIPPER ROAD TAMPA FL 33613	Mailing Address 1202 E SKIPPER ROAD TAMPA FL 33613
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address		3. Date Incorporated or Qualified	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	08/06/1997	
23. Zip	24. Country	28. City & State	29. Zip	30. Country	3. Certificate of Status Desired
		Tampa FL	33612	Hillsborough	<input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MCNAIR, LUTRENA 1202 E SKIPPER ROAD TAMPA FL 33613			81. Name TAMMY ALLEN		
			82. Street Address (P.O. Box Number is Not Acceptable) 1801 N. CLUB COURT		
			83. City		
			84. City TAMPA FL 85. Zip Code 33612		
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 obligation of, section 607.0901, Florida Statutes.					
SIGNATURE: <i>Tammy R. Allen</i>				DATE: 4/14/98	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
D	MCNAIR, LUTRENA	<input checked="" type="checkbox"/> DELETE	
	1202 E SKIPPER ROAD		
	TAMPA FL 33613		
TITLE	NAME	2.1 TITLE	2.2 NAME
D	ALLEN, TAMMY		
	1202 E SKIPPER ROAD	D	IAN L. THOMAS
	TAMPA FL 33613		7125 E. BANK DR
			TAMPA, FL 33617
TITLE	NAME	3.1 TITLE	3.2 NAME
<input type="checkbox"/> DELETE			
TITLE	NAME	4.1 TITLE	4.2 NAME
<input type="checkbox"/> DELETE			
TITLE	NAME	5.1 TITLE	5.2 NAME
<input type="checkbox"/> DELETE			
TITLE	NAME	6.1 TITLE	6.2 NAME
<input type="checkbox"/> DELETE			

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 as an attachment with an addendum.

NATURE: *Tammy R. Allen* 4/14/98

CR2E034 (10/97)