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May 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000078072 (0)

1. Corporation Name

GREAT ADVENTURE LEARNING CENTER, INC.



DO NOT WRITE IN THIS SPACE

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| Principal Place of Business PO BOX 10968 BRADENTON FL 34206 | | Mailing Address PO BOX 10968 BRADENTON FL 34206 | |
| 2. Principal Place of Business 21 Great Adventure Learning Center 22 Bradenton 23 Bradenton 24 34206 25 Manatee | | 2a. Mailing Address 26 P.O. Box 10968 27 Corp 28 FL 29 30 | |
| 3. Date Incorporated or Qualified 09/10/1997 | | 4. FEI Number 59-3469426 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 8. Name and Address of Current Registered Agent WICKMAN, JOHN E 802-11TH STREET WEST BRADENTON FL 34205 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code | |
| 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: Carla Trailick Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | | |
| 12. OFFICERS AND DIRECTORS TITLE: President NAME: Trailick Carla STREET ADDRESS: 2919 222nd St E CITY-ST-ZIP: Bradenton FL 34202 TITLE: President NAME: Trailick Carla STREET ADDRESS: 2919 222nd St E CITY-ST-ZIP: Bradenton FL 34202 TITLE: President NAME: Trailick Carla STREET ADDRESS: 2919 222nd St E CITY-ST-ZIP: Bradenton FL 34202 TITLE: President NAME: Trailick Carla STREET ADDRESS: 2919 222nd St E CITY-ST-ZIP: Bradenton FL 34202 TITLE: President NAME: Trailick Carla STREET ADDRESS: 2919 222nd St E CITY-ST-ZIP: Bradenton FL 34202 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE: President 1.2 NAME: Trailick Carla 1.3 STREET ADDRESS: 2919 222nd St E 1.4 CITY-ST-ZIP: Bradenton FL 34202 2.1 TITLE: President 2.2 NAME: Trailick Carla 2.3 STREET ADDRESS: 2919 222nd St E 2.4 CITY-ST-ZIP: Bradenton FL 34202 3.1 TITLE: President 3.2 NAME: Trailick Carla 3.3 STREET ADDRESS: 2919 222nd St E 3.4 CITY-ST-ZIP: Bradenton FL 34202 4.1 TITLE: President 4.2 NAME: Trailick Carla 4.3 STREET ADDRESS: 2919 222nd St E 4.4 CITY-ST-ZIP: Bradenton FL 34202 5.1 TITLE: President 5.2 NAME: Trailick Carla 5.3 STREET ADDRESS: 2919 222nd St E 5.4 CITY-ST-ZIP: Bradenton FL 34202 6.1 TITLE: President 6.2 NAME: Trailick Carla 6.3 STREET ADDRESS: 2919 222nd St E 6.4 CITY-ST-ZIP: Bradenton FL 34202 | |

CR2E034 (10/97)

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.

SIGNATURE: Carla Trailick
3/10/98 941-33-3112