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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000078072 (0)

GREAT ADVENTURE LEARNING CENTER, INC.

## FILED May 21 1998 8:00am Secretary of State

| Principal Plac                             | ce of Business  | Mailing Address  | ·  |                                   |  | I IIM AMAII AMAIA MAIAI MMAII                   | ODI(1 EDIN 1896)               | I DEFE BUILT HED           |                            |        |
|--|---|--|--|-----------------------------------|--|---|--------------------------------|----------------------------|----------------------------|--------|
| PO BOX 10968 PO BOX 10968                  |   |  |  |                                   |  |   |                                |                            |                            |        |
| BRADENTON                                  | DENTON FL 34206 BRADENTON FL 34206  |  |  |                                   |  | DO NOT WRITE IN THIS SPACE                      |                                |                            |                            |        |
|  |   |  |  |                                   | 3. Date Inco                                     | rporated or Qualified                           |                                | AGE                        | ·                          | 1      |
|  |   |  |  |                                   | 09/10/1  | •   |                                |                            |                            | ł      |
| 2. Phincipal P                             | Place of Business   | 2a. Mailing Address  |  |                                   | 4. FFI Numb                                      | er  |                                | Ap                         | plied For                  | 1      |
| 21 (dPCH                                   | Howenture Regrains  | 26 Y WIDOX 10-16   | 8  |                                   |  | 59-3469   | 426                            | No                         | t Applicable               | ]      |
| Suite, Apt. #, etc.                        |   |  |  |                                   | 5. Certificate                                   | of Status Desired                               | $\lambda$                      | \$8.75                     |                            |        |
| 22 777                                     | UENTON  |  |  |                                   | Fee Re   | <del> </del>                                    | ļ                              |                            |                            |        |
|  | denton  | City & State   | <del>1</del>                               |                                   | <b>I</b>   | ampaign Financing Contribution                  |                                | \$5.00<br>Added t          |                            |        |
| □ Zip QU'                                  | On Country Manda  | Zip  | Cour                                       | itry                              | 1  | oration owes or has p                           | _                              |                            | - <b>-</b>                 | l      |
| 24 70                                      | 9. Name and Address of Curren   | 29 t Registered Agent  | 30   |                                   |  | Property Tax due Jui<br>d Address of New F      |                                |                            | <b>₹</b> No                | ł      |
| 1470                                       | <del></del>   | i neglatores Agent   |  | B1 Name                           | To. Namo un                                      | u Rudioss di Non i                              | iogistorou A                   | April                      |                            | 1      |
|  | CKMAN, JOHN E   |  | ļ.   |                                   |  |   |                                | <del></del>                |                            | 1      |
| 802-11TH STREET WEST<br>BRADENTON FL 34205 |   |  |  |                                   | Address (P.O. Box Number is Not Acceptable)      |   |                                |                            |                            |        |
| - On                                       | PARTICIA I E 04203  |  | į.   | 83                                |  |   |                                |                            |                            | İ      |
|  |   |  | ļ.   | 34 City                           |  |   |                                | ar Zin (                   | Code                       | l      |
|  |   |  |  |                                   |  |   | FL                             |                            | 1                          |        |
| 11. Pursuant<br>office or r<br>agent. La   | to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the obliga | 2 and 607 1508, Florida Statu<br>of Florida. Such change was<br>itions of, Section 607. <b>0505</b> , Fl | tes, the ab-<br>authorized<br>lorida Statu | ove-named<br>by the corr<br>les./ | corporation submits t<br>poration's board of dir | this statement for the<br>rectors. I hereby acc | e purpose of c<br>ept the appo | changing its<br>intment as | s registered<br>registered |        |
| SIGNATURE                                  | ( bek Tralick   |  | (10)                                       | ille.                             | 1 stul   | <b>,</b>  | 3/10/                          | 48                         |                            |        |
|  | Signature, typied or printed name of registerful agr-   |  |  | Agent signature                   | required when reinstating)                       | NO. III IOEO ES OFE                             | DATE                           |                            |                            | E      |
| 12.  | OFFICERS AND  | DIRECTORS  DELETE  | 13.  | <u> </u>                          | ADDITIONS  | S/CHANGES TO OFF                                | ICERS AND                      | Change                     | S IN 12                    | 10/97  |
| NAME                                       | Traick Carla  | L buch   | 1.2 NAA                                    |                                   | Toolick  | Orrlo   | L                              | Change                     | AUGINON                    | _      |
| STREET ADDRESS                             | 2919 2221057  | $\epsilon$   |  | EET ADDRESS                       | 1366   | 22/d 5/1  | 5                              |                            |                            | F034   |
| City-ST-ZIP                                | Brade Aton Fl.  | 3/202  |  | 7-ST-ZIP                          | Tim de   | Han F13   | 4202                           | -                          |                            | 2      |
| TITLE                                      |   | DELETE   | 2.1 1171                                   |                                   | Surger   | 1 0   | 1                              | Change                     | Addition                   | l<br>C |
| NAME                                       | I realice has lo  | · _  | 2.2 NAM                                    | 4E                                | TRAIK  | 10 (01/0  | <u>}_</u>                      |                            | 1                          | i      |
| STREET ADDRESS                             | 2414 99919 St   | £  | 2.3 STR                                    | eet address                       | 29/9 2   | 77219 5   | HE.                            | _                          |                            | i      |
| CITY-ST-ZIP                                | Bradenton F1 3  | 4202-  | 2. 4 CIT                                   | Y-ST-ZIP                          | Braco  | lecton F  | =1.34°                         | 103                        |                            | •      |
| TITLE 7                                    | - 1850 Call   | ☐ DELETE   | 3.1 T(T).                                  | F                                 | 7  | 0.0   |                                | Change                     | ☐ Addition                 | Ì      |
| NAME                                       | nois non noist  | Ī-   | 3.2 NAN                                    | AE .                              | - TRAIL  | ex car i  |                                |                            | 1                          |        |
| STREET ADDRESS                             | B GO ATOM E   | 34202  | E .  | EET ADDRESS                       | 29,192   | 733 ya  | 71-C3                          | 1207                       |                            | İ      |
| CITY-ST-ZIP                                | DIACETTONITIE   |  |  | Y-ST-ZIP                          | SCHO   | ENTON   | 1-10                           | torn.                      | Ten danser                 | ı      |
| TITLE                                      |   | L] DELETE  | 4.1 TITL                                   |                                   |  |   | ι                              | Change                     | ☐ Addition                 | l      |
| NAME                                       |   |  | 4. 2 NAI                                   |                                   |  |   |                                |                            |                            | İ      |
| STREET ADDRESS                             |   |  |  | EET ADDRESS                       |  |   |                                |                            |                            |        |
| CITY-ST-ZIP<br>TITLE                       |   | DELETE   | 5.1 TITL                                   | (-ST-ZIP<br>E                     |  |   |                                | Change                     | Addition                   | ĺ      |
| NAME                                       |   |  | 5.2 NAN                                    |                                   |  |   | -                              |                            |                            |        |
| STREET ADDRESS                             |   |  |  | EET ADDRESS                       |  |   |                                |                            |                            | ĺ      |
| CITY-ST-ZIP                                |   |  |  | r-ST-ZIP                          |  |   |                                |                            |                            |        |
| TITLE                                      |   | DELETE   | 6.1 TITL                                   |                                   |  |   | Ţ                              | Change                     | Addition                   | ĺ      |
| NAME                                       |   |  | 6.2 NAM                                    | (E                                |  |   |                                |                            |                            | ĺ      |
| STREET ADDRESS                             |   |  | 6.3 STR                                    | eet address                       | 1  |   |                                |                            | í                          | ĺ      |
| CITY-ST-ZIP                                |   |  |  | '-ST-ZIP                          |  |   |                                |                            | ·                          | ĺ      |
| \$4 I hereby o                             | cortify that the information supplied we  | th this filing dogs not qualify f  | or the ever                                | notion state                      | od in Section 110 07/3                           | Wil Florida Statutos                            | Lighter cort                   | ify that the               | information                | 1      |

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 receiper or trublec 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 interchanged with an address.

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9/10/98 941-153-34