PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000083804

1. Corporation Name

THE UNIVERSITY OF LEARNING, INC.

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

04-26-1999 90154 038 ***150.00



Principal Place of Business Mailing Address								i 1 40 11831 110 10111	1 96 11 66 111 8614	,) 00 211 3910)	\$ 8111 B1 B1 (8 B1
1896 PALM BEACH LAKES BLVD STE. 103 1896 PALM BEACH FL 33409 W. PALM BEACH FL 33409				BEACH LAKES BLVD., STE. 103 ACH FL 334(9)				DO	NOT WRIT	E IN Thi	S SPACE	
								Date Incorporated o 09/26/1997	r Qualifed			
2. Principal Pl	Mailing Address	iling Address				4. FEI Number			Ap	plied For		
21		26	26					65-0788308			No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					Certificate of Status	Desired		\$8.75	
			27					Certificate of Didios			Fee Re	equired
City & State	9		City & State				6. 5	Election Campaign I	Financing		\$5.00	-
23		28	_					Trust Fund Contribu			Added 1	Fees
Zip	Country	<u></u>	Zip	r	untry		i i	This corporation ow		nt year Ir		JNo
24	25	29		30	1			Personal Property T			Z Yes	NO
	9. Name and Adcress of Curre	nt Regist	ered Agent		81	Nome	10.	Name and Address	S OT NEW R	agistere	ı Agent	
GAFFNEY, STEVEN M							16WS	KILL				
1896 PALM BEACH-LAKES BLVD SUITE #103 WEST-PLAM BEACH FL 33409					82	Street A		Q. Box Number is N	ot Acceptat	ole)	c -1	(0.7
					20	1896	<u>c' 1-a</u>	im bear	it [AI	165	SUITE	100
22 نسر	DALANI DEACH FL 33409				83							
					84	City W		01 - 5	2			Code
						ω	<u>/ (5) </u>	rim !	DONCH	<u> FI</u>		,409
11. Pursuant	to the provisions of Sections 607.050 egistered agent, of both, in the State m familiar with, and axcept the obliga-	02 and 60 or Flo rid a	17,1808, Florida Statu a. Such change was	tes, the authorize	above ed by	e-named of the corpor	corporation ration's boa	submits this statem ard of directors. I he	ent for the p reby accept	ourpose of the appx	or changing its pintment as re	registered gistered
agent. I a	m familiar with, and accept the abliga	of of	Section 607.0505, FI	orida Sta	tutes				, ,		1-0	
SIGNATUF:E		PRES	IDENT							4/20	-199	<u>-</u>
	rignature, typed or printed we me of registered age					nt signature re	dilited when tel		FC TO OFF	DATE	ND DIRECTO	NOC IN 12
12.	OFFICERS AI	AL) DIREC	DELETE	13	TITLE		_ 	DDITIONS/CHANG	ES 10 OFF	ICERS 4	Change	Addition
TITLE	P POLICIAS 4		□ petere									
NAME RILL, DOUGLAS J			۳ ۱۸۸		NAME							Ì
STREET ADDRESS					1.3 STREET ADDRESS 1.4 CITY-ST-ZIP							
CITY-ST-ZIP	W. PALM BEACH FL 33409	-	DELETE		TITLE	T-ZIP					Change	Addition
TITLE	STV		Upo DECETE	- E								
NAME	GAFFNEY, STEVEN M	VD CT	E 100		NAME							
STREET ADDRESS	1896 PALM BEACH LAKES BL	.VU., 511	E. 103			TADDRESS						-
CITY-ST-ZIP	W. PALM BEACH FL 33409		☐ DELETE		CITY-S	1-ZIP					☐ Change	Addition
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NAME				4		T ADDRESS						
STREET ADDRESS						i						
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NAME						T ADDRESS						ļ
STREET ADDRESS				3.3	UINCE	. ADDITEOS						1

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 innual report is true and acculate 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:

PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE & OR DIRECTOR