

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

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90050 019 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000022365

1. Corporation Name

LAWRENCE LEARNING CENTERS, INC.

Principal Place of Business

1695 W INDIANTOWN RD  
JUPITER FL 33458

Mailing Address

1695 W INDIANTOWN RD  
JUPITER FL 33458

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1998

4. FEI Number

65-0834096

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2132 Biarritz Drive

23 City & State

27 Suite, Apt. #, etc.

28 Palm Beach Gardens FL

24 Zip

Country

29 Zip

Country

33410

USA

9. Name and Address of Current Registered Agent

LAWRENCE, LINDA L  
1695 W INDIANTOWN RD  
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2132 BIARRITZ DRIVE

83

84 City Palm Beach Gardens

FL

85 Zip Code

33410

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

LINDA L. LAWRENCE

1/27/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE  
NAME D  
STREET ADDRESS LAWRENCE, LINDA L  
CITY-ST-ZIP 5151 SW BIMINI CIR  
PALM CITY FL 34990

1.2 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.3 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.5 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.6 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS, AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
NAME LINDA L. LAWRENCE  
1.2 NAME  
1.3 STREET ADDRESS 3732 BIARRITZ DRIVE  
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/99 561-575-4640

CR2E034 (11/98)