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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000105080

LEARNING NAVIGATORS, INC.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90120 015 \*\*\*150.00



	_								
Principal Place of Business			Mailing Address						
10500 WOODCHASE CIRCLE		10500 WOODCHASE CIRCLE							
ORLANDO FL 32836		ORL	ORLANDO FL 32836				DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	
							3. Date incorporated or Qualifed	٦	
							12/17/1998		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For	٦	
21		26	_				59-3548698 Not Applicable		
Suite, Apt. #, etc.		11	Suite, Apt. #, etc.				_ \$8.75 Additional	7	
22		27	27				5. Certificate of Status Desired Fee Required	↲	
City & State			City & State			_	6. Election Campaign Financing \$5.00 May Be	-	
23			28				Trust Fund Contribution Added to Fees	4	
Zip Country			Zip Country				8. This corporation owes the current year Intangible		
24	25	29		30			Personal Property Tax. Yes No	4	
	9. Name and Address of Curr	ent Regist	tered Agent			Nome -	10. Name and Address of New Registered Agent	$\dashv$	
AAAA I	ACE ICANETTE			81	1	Name	<u></u>		
WALLACE, JEANETTE 10500 WOODCHASE CIRCLE				82	2	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32836								$\dashv$	
OnLA	14DO FE 32030			83	1				
				84	3	City	FL 85 Zip Code	٦	
44 5	A Davis Continue COT OF		7 1509 Elecide Statut	as the above	Ţ	named co	orporation submits this statement for the purpose of changing its registered	$\dashv$	
office or r	egistered agent, or both, in the Stat	e of Florid	a. Such change was a	uthorized by	yŧ	the corpora	ation's board of directors. I hereby accept the appointment as registered	Í	
agent. I a	m familiar with, and accept the obliq	gations of,	Section 607.0505, Flo	rida Statute	S.				
SIGNATURE	Signature, typed or printed name of registered a		i analisable (NOTE	- Penietarad An	nnt	eignature regu	uired when reinstating) DATE		
			AND DIRECTORS 13.			agratore requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	7	
	D		☐ DELETE	1.1 TITLE	_	T	☐ Change ☐ Additio	n	
NAME	WALLACE, JEANETTE			1.2 NAME				-	
	10500 WOODCHASE CIRCLE			1.3 STREE	ET/	ADDRESS			
CITY-ST-ZIP ORLANDO FL 32836			1.4 C						
TITLE	01.0 1100 12 02000		☐ DELETE	2.1 TITLE			☐ Change ☐ Additio	n	
NAME				2.2 NAME				1	
STREET ADDRESS				2.3 STRE	ET/	ADDRESS			
CITY-ST-ZIP				2 4 CITY		- 1	والمناز والمستحيرات والمنازية المناز والمناز و		
TITLE			☐ DELETE	3.1 TITLE			Change Additio	آم	
NAME				3.2 NAME				1	
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CITY-ST-ZIP				3.4. CITY-	ST	T-ZIP			
πτιΕ			☐ DELETE	4.1 TITLE			☐ Change ☐ Additio	'n	
NAME				4, 2 NAME	=			- 1	
STREET ADDRESS				4.3 STREE	ET/	ADDRESS		-	
CITY-ST-ZIP				4.4 CITY-	<u>s</u> t-	-ZIP			
TITLE	,		☐ DELETE	5.1 TITLE			☐ Change ☐ Additio	n	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STRE	ET/	ADDRESS			
CITY-ST-ZIP				5.4 CITY-	ST-	-ZIP			
TITLE			☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	n	
NAME				6.2 NAME	6.2 NAME				
070FFF 100FF66				6.3 STRFI	ET/	ADDRESS		- (	

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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:**