PRO CORPC ANNUAL	OFIT DRATION REPORT		FLORIDA S	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # \$59776			(2)						
 Corporation Na 	ame			` '					ar Ochri Giğli Biğli Elğil I Ö ğl
FAMILY	LEARNING C	ENTEN, INO.							
Principal Place of Business Mailing Address								1818 2 111 3 1211 3 11	IN BUSINESS TO STATE OF THE STA
RT 2 BOX 264 HAWTHORNE FL 32640 RT 2 BOX 264 HAWTHORNE FL					640				fled Depart
124711101114						3. Date incorporated or Qualified 06/11/1991		of Last Report 4/11/1995	
2. Principal Place	e of Business	T	2a. Mailing Addre	 ::::::::::::::::::::::::::::::			4. FEI Number 59-3076741		Applied For Not Applicable
21	1			Suite: Act #, etc.			5. Certificate of Status Desired		\$8.75 Additional
Suite, Apt. #,	Suite, Apt. #, etc.			7			6. Election Campaign Financing		Fee Required \$5.00 May Be
City & State				City & State			Trast Fund Contribution	ليا 	Added to Fees under s 199.032
Ζφ	Zip Country			Zip Country 30			8. This corporation has liability for intangible tax under s 199.032 Florida Statutes Yes No 10. Name and Address of New Registered Agent		
24	9. Name and Add				81	Name	10. Name and Address of New	registered F	.gent
SIMPS	ON, SUSAN S.				82	Street Ade	dress (P.O. Box Number is Not Accepta	able)	
RT 2 B	OX 264								
HAWTH	IORNE FL 32640				84	City		FI	85 Zip Code
	the second Science of Sci	setions 607 0502 a	nd 607.1508. Flori	da Statutes,	the above	named corp	oration submits this statement for the p pard of directors. I hereby accept the ap	ourpose of cha	inging its registered office registered agent. I am
or registere	o the provisions of Se ad agent, or both, in t and accept the ob	the State of Florida ligations of Section	Such change was 607.0505, Florida	s authorized a Statutes	by the corp	oration's DC	oration submits this statement for the p pard of directors. I hereby accept the ap	.,,	
	Signature, lywed or printed to				Registered Ap	a Esqual ne nep	ADDITIONS/CHANGES TO O	DATE	DIRECTORS IN 12
12.		OFFICERS AND	DIRECTORS	TETE	13.		AODITIONS/CHANGES TO O	THOUSANT I	Change Addition
TITLE	D SIMPSON, S	USAN S	L.J. 01		1.2 NAME				
STREET ADDRESS	RT 2 BOX 20	: _			T ADDRESS				
CITY-ST-ZIP		EFL 3264		ELETÉ	2 1 U.S.		,		Change Addition
TITLE NAME	D SIMPSON, D	ALE G			2.2 NAM				
STREET ADDRESS	RT 2 BOX 2	64				F1 ADDRESS			
CITY - ST - ZIP	HAWTHORN	EFL 326	40	ELFTE	2 4 CHY 3 1 THL				Change Addition
TITLE			ا ليا	(tric	3 2 NAM				
NAME						EET ADORESS			
STREET ADDRESS CITY - ST - ZIP					3.4 Oils	-\$1 - ZI ^o	a		Change Addition
TITLE	 			DELETE	4 1 110	1			
NAME					4.2 NAM 4.3 STR	EET ADDRESS			
STREET ADDRESS						r-St-ZIF			<u> </u>
CITY - ST - ZIP				DELETE	5 1 Til	··			Change Addition
TITLE NAME					5.2 NA				
STREET ADDRESS					1	FE1 ADDRESS			
CHTY - ST - ZIP				DELETE	6 1 Fi	1 - SI - ZIP LF			Change Addition
TITLE	1		L	OCCUTE	1011				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

6.2 NAME

6 3 STREET ADDRESS

6.4 City - ST - 7-P

NAME

STREET ADDRESS

CR2E034 (12/95)