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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V62853

(9)

ABC LEARNING CENTER OF PACE INC.

FILED Apr 22 1997 8:00am Secretary of State

T TRANCONTACTO DE COMO TRANCONTACTO DE CONTRACTO DE CONTR

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Principal Place of Business Mailing Address					T TOWNS BEING BEING TIMET VEGET BIRBE TITT BERNI BERNI BERNI REBIN REBIN BERNI			
3655 HIGHWA PACE FL 325	· · · · ·	3655 HIGHWAY 90 PACE FL 32571-1054						
					3. Date Incorporated or Qualified 09/08/1992	3a. Date of 05/31/1		t
	Flace of Business	2a. Mailing Address	_{ling Address} 009 Caribbean Br		4. FEI Number	Applied for		
21	H. ala		bean	Dr	59-3139814			plicable
Suite, Apl		Suite, Apt #, etc.			5. Certificate of Status Desired		3.75 Additi Fee Require	
City & Sta	de	City & State 28 Pensacola	Flo	rida	Election Campaign Financing Trust Fund Contribution		5.00 May Added to Fe	
<i>Z</i> ір 24	Country 25	29 32506	Country 30 U	s A	This corporation has liability for in Florida Statutes	ntangible tax u Yes 🔲 No		.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agen	ł	
l	NES, PAULA J.		81	Name				
9009 CARIBBEAN DR			82	82 Street Address (P.O. Box Number is Not Acceptable)				
PE	NSACOLA FL 32506		83				***************************************	
			00					
			84	City		FL 85	Zip Code	;
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the above	e-named cor	rporation submits this statement for the p	urpope of ober	L joing its rec	ristered
office or	registered agent, or both, in the Stat am famil ar with, and accept the obli	e of Florida. Such change was a	iuthorized by	the corpora	ation's board of directors. I hereby accep	t the appointm	ent as regis	stered
S:GNATURE	The state of the s	ganorio or, oconori oor ,0000, 110	maa olalaloi	2.				
- O GAMONE	Bignative, Qrest or proded name of registered as		Registered Age	int signature requ	ired when reinstating)	DATE		
12.	OFFICERS AT	ERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFIC			,
101F	IONES DALILA I	L] DELETE	1.3 TALE				hange [Addition
NAME	JONES, PAULA J		1.2 NAME					
STREET ADDRESS	9009 CARIBBEAN DR PENSACOLA FL		1.3 STAEET	1				
C+[Y+S1+7IP THTE	VP	₩ DELETE	1.4 CITY - S	T-ZIP			hange 🔲	Addition
NAME	ROEMER, SHANNON	Ditti	2.1 TITLE 2.2 NAME			L (nange	AUGIUDIT
STREET ADDRESS	4813 BIRCHWOOD		2.3 STREET ADDRESS					
City - St - ZiP	PENSACOLA FL		2.4 CITY-5			ı		
TIT, F	S	DELETE	3.1 TITLE	ol-zir		Пс	hange [Addition
NAME.	MICHEL POPE	T	3.2 NAME		• •	77	لب - و	
STREET ADDRESS	9009 CARIBBEAN DR		3.3 STREET	ADDRESS				
City - ST- ZIP	PENSACOLA FL		3.4 CITY-5	ST-ZIP				
TIIL€	1	DELETE	4.1 TITLE			C	hange 🔲	Addition
HAME	ROEMER, PATRICIA		4.2 NAME					
STREET ADDRESS	4813 BIRCHWOOD		4.3 STREET	ADORESS				
CHTY - \$1 - ZeP	PENSACOLA FL		4.4 CITY-S	T-ZIP				
Tr)_F		DELETE	5.1 TITLE				hange 🔲	Addition
NAME			5.2 NAME					
STHEEL ACHORESS			53 STREET	ADDRESS				
CITY -S1 - ZP	The second secon	DELETE	54 CITY-S	T-ZtP				·····
	I .	1 1 1161 6 16	E A A TITLE	1		110	hacas	Addition

6.2 NAME

6.3 STREET ADDRESS 6.4 CiTY+ST-ZIP 14. I do 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 find cated 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.

Paula J. Jones 4/13/97