

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # F96000004319 (7)
 1. Corporation Name
CHILDREN'S WORLD LEARNING CENTERS, INC.



Principal Place of Business 573 PARK POINT DRIVE GOLDEN CO 80401	Mailing Address 573 PARK POINT DRIVE GOLDEN CO 80401
--	--

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 08/22/1996	3a. Date of Last Report
4. FEI Number 75-1304369	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, DUANE V	1.2 NAME	
STREET ADDRESS	573 PARK POINT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO 80401	1.4 CITY-ST-ZIP	
TITLE	EV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, KAREN S	2.2 NAME	
STREET ADDRESS	573 PARK POINT DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO 80401	2.4 CITY-ST-ZIP	
TITLE	EV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURPENOFF, RICK	3.2 NAME	
STREET ADDRESS	573 PARK POINT DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO 80401	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, JOHN	4.2 NAME	
STREET ADDRESS	573 PARK POINT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO 80401	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGIO, KAREN	5.2 NAME	
STREET ADDRESS	573 PARK POINT DRIVE	5.3 STREET ADDRESS	DIT RUSTELL BARBERA 1101 MARKET ST. PHILA PA 19107
CITY-ST-ZIP	GOLDEN CO 80401	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, KIMBERLY	6.2 NAME	
STREET ADDRESS	573 PARK POINT DRIVE	6.3 STREET ADDRESS	O'HARA, MICHAEL 1101 MARKET STREET PHILA, PA 19107
CITY-ST-ZIP	GOLDEN CO 80401	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)(j), 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 in an attachment with an address.

SIGNATURE _____ DATE **4/28/97**

CR2E034 (9/96)