

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 JUL 18 AM 8:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F95000001993 (3)

1. Corporation Name
INTERACTIVE TRAINING DISTRIBUTORS, INC.



Principal Place of Business
**120 E. OAKLAND PARK BLVD
 SUITE 105
 FT. LAUDERDALE FL 33334-1108
 US**

Mailing Address
**120 E. OAKLAND PARK BLVD
 SUITE 105
 FT. LAUDERDALE FL 33334-1108
 US**

3. Date Incorporated or Qualified
04/24/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
52-1712981

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip Country

2a. Mailing Address
 26. Suite, Apt. #, etc.
 27. City & State
 28. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHELSEN, GERI
 120 E. OAKLAND PARK BLVD
 SUITE 105
 FT. LAUDERDALE FL 33334-1108**

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: *Gerri Michelsen* 7/10/97
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	MICHELSEN, GERI	
STREET ADDRESS	1520 NE 30TH PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	FRAKER, JACK	
STREET ADDRESS	2614J S. ARLINGTON MILL DR.	
CITY-ST-ZIP	ARLINGTON VA 22206	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	400002247194--6
1.4 CITY-ST-ZIP	-07/24/97--01118--004
2.1 TITLE	****165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 the name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: *Gerri Michelsen* 7/10/97 1954-230-9500

CR2E034 (9/96)