

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
99 APR 30 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001955
1. Corporation Name

Modis Training Technologies, Inc.

Principal Place of Business Mailing Address
1201 South Alma School Road Same
Mesa, AZ 85201

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 5756 S. Semoran Blvd. 26 Same
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Orlando, Florida 28
Zip Country 29 Zip Country
24 32822 25 U.S.A. 30

3. Date Incorporated or Qualified
04/06/98
4. FEI Number Applied For
86-0819720 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 owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 100002857941-2
84 City -05/07/99--01123--007
***158 FL ***158.75

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when a change of agent is made) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PAS <input type="checkbox"/> DELETE	11 TITLE	PASD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Orton	12 NAME	Tom Orton
STREET ADDRESS	1201 South Alma School Road	13 STREET ADDRESS	5756 South Semoran Boulevard
CITY-ST-ZIP	Mesa, AZ 85201	14 CITY-ST-ZIP	Orlando, FL 32822
TITLE	S <input type="checkbox"/> DELETE	21 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Brady	22 NAME	Michael Brady
STREET ADDRESS	1201 South Alma School Road	23 STREET ADDRESS	5756 South Semoran Boulevard
CITY-ST-ZIP	Mesa, AZ 85201	24 CITY-ST-ZIP	Orlando, FL 32822
TITLE	ASV <input checked="" type="checkbox"/> DELETE	31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D.S. Chamberlain	32 NAME	John B. Frieling
STREET ADDRESS	1201 South Alma School Road	33 STREET ADDRESS	5756 South Semoran Boulevard
CITY-ST-ZIP	Mesa, AZ 85201	34 CITY-ST-ZIP	Orlando, FL 32822
TITLE	V <input checked="" type="checkbox"/> DELETE	41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary E. Schick	42 NAME	Sean O'Brien
STREET ADDRESS	1201 South Alma School Road	43 STREET ADDRESS	5756 South Semoran Boulevard
CITY-ST-ZIP	Mesa, AZ 85201	44 CITY-ST-ZIP	Orlando, FL 32822
TITLE	<input type="checkbox"/> DELETE	51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Jeffrey S. McCormick
STREET ADDRESS		53 STREET ADDRESS	5756 South Semoran Boulevard
CITY-ST-ZIP		54 CITY-ST-ZIP	Orlando, FL 32822
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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.

SIGNATURE: Tom P. Orton April 29, 1999 4/29/99 1407/380-7553

CR2E034 (10/97)

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4/29/99