

FILE NOW: FILING FEE AFTER MAY 1 IS \$215.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **H73643** (9)

To: Corporation Name

CORPORATE TRAINING SERVICES, INC.

MAY 11 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**8347 COMPASS ROSE DR. S.
JACKSONVILLE FL 32216-6313**

Mailing Address

**8347 COMPASS ROSE DR. S.
JACKSONVILLE FL 32216-6313**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created 08/29/1985	3a. Date of Last Report 04/07/1994
4. FEI Number 59-2561654	Applies For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for unreported tax under § 190.014, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2b. Mailing Address
21. State Apt. # etc	26. State Apt. # etc
22. City & State	27. City & State
24. ZIP	29. ZIP

9. Name and Address of Current Registered Agent

**STEINER, DEAN H
8347 COMPASS ROSE DR. S.
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.01401 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 provisions of Section 607.01401, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME	DP
2. NAME	STEINER, DEAN H.
3. STREET ADDRESS	8347 COMPASS ROSE DR S
4. CITY	JACKSONVILLE FL
5. NAME	
6. NAME	
7. NAME	
8. NAME	
9. NAME	
10. NAME	
11. NAME	
12. NAME	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (2-1)

13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY	
13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY	
13.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY	
13.13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY	

14. I declare, certify, and state that the information supplied with this filing is voluntarily furnished and deemed equally for this corporation as stated in Section 190.014, 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 of this filing (changed) or in an attachment with an address.

SIGNATURE: *Dean H Steiner* **DEAN H. STEINER** 5/9/95 904-739-1662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR