


FILE NOW! FILING FEE IS \$61.25

FILED

**Apr 28 1998 8:00am
Secretary of State**

* NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N50021 (7)
 1. Corporation Name
POSITIVE TEST TAKING TECHNIQUES, INC.



Principal Place of Business 1412 GRAND STREET ORLANDO FL 32805 US	Mailing Address POST OFFICE BOX 1232 MAITLAND FL 32751
---	--

3. Date Incorporated or Qualified
07/22/1992

4. FEI Number
59-3139380

Applied For	Not Applicable
-------------	----------------

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

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**EVANS, ROBERT T.
506 VEREEN DRIVE
EATONVILLE FL 32751**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANS, CRESCENT M.	
STREET ADDRESS	210 EAST 168TH ST.	
CITY-ST-ZIP	BRONX NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANS, DERREK A.	
STREET ADDRESS	970 TINTON AVENUE	
CITY-ST-ZIP	BRONX NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ASHE, EVELYN	
STREET ADDRESS	210 EAST 168TH STREET	
CITY-ST-ZIP	BRONX NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	EVANS, ROBERT T	
STREET ADDRESS	506 VEREEN DR.	
CITY-ST-ZIP	EATONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2316 Foxridge Manor Rd
1.4 CITY-ST-ZIP	Raleigh NC 27610
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NGEMA, Busca
3.3 STREET ADDRESS	4799 N. Pine Hills Rd
3.4 CITY-ST-ZIP	Orlando, FL 32809
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBERT T. EVANS 4/21/98 (407)644-2910

CR2E037 (10/97)