

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED

1995-11-18 8:45

STATE
PLANTATION, FLORIDA

DOCUMENT # P93000084367 (0)

1. CORPORATION NAME

APS TRAINING CENTERS, INC.

2. Principal Office

7951 SW 6TH STREET
SUITE 206
PLANTATION FL 33324

3. Mailing Address

7951 SW 6TH STREET
SUITE 206
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporation	3a. Date of Last Report
12/03/1993	05/01/1994
4. FEI Number	Applied For
65-0454920	Not Applicable
5. Certificate of Status, Dues	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
7. This corporation has liability for advertising for under \$ 100,000	
Yes ☒ No ☐	

2. This is a change of address	2a. Mailing Address
21. Date of Change	26. Date of Change
22. City, State	27. City, State
23. City, State	28. City, State
24. City, State	29. City, State
25. City, State	30. City, State

9. Name and Address of Current Registered Agent

WACHTEL, CHERYL
7951 SW 6TH STREET
SUITE 206
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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 to the above address, which is 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 hereby authorized to accept the obligations of Section 607.0502 of the Florida Statutes.

Signed: Samuel Wachtel 4/28/95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
1. NAME	1. NAME
2. ADDRESS	2. ADDRESS
3. CITY, STATE	3. CITY, STATE
4. NAME	4. NAME
5. ADDRESS	5. ADDRESS
6. CITY, STATE	6. CITY, STATE
7. NAME	7. NAME
8. ADDRESS	8. ADDRESS
9. CITY, STATE	9. CITY, STATE
10. NAME	10. NAME
11. ADDRESS	11. ADDRESS
12. CITY, STATE	12. CITY, STATE
13. NAME	13. NAME
14. ADDRESS	14. ADDRESS
15. CITY, STATE	15. CITY, STATE
16. NAME	16. NAME
17. ADDRESS	17. ADDRESS
18. CITY, STATE	18. CITY, STATE
19. NAME	19. NAME
20. ADDRESS	20. ADDRESS
21. CITY, STATE	21. CITY, STATE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and clearly and exactly for the corporation stated in Sections 607.0502 and 607.1508, Florida Statutes. I further certify that the information was obtained from the annual report or supplemental annual report or from other records and that the information shall have the same legal effect as if it were obtained from the corporation's records. I am hereby authorized to accept the obligations of Section 607.0502 of the Florida Statutes.

SIGNATURE: Samuel Wachtel 4/28/95 (305) 476-2066

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR