FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

5-1-95 B 5008 C

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 5:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025853 (0)

1. Corporation Name

SUCCESSFUL COMPREHENSIVE CAREER TRAINING, INC.

Principal Place of Business	Mailing Address
4575 N UNIVERSITY DR SUITE 722 FT LAUDERDALE FL 33351	4575 N UNIVERSITY DR SUITE 722 FT LAUDERDALE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4261 N.W. 35th Ave	26 6301 N.W. 5th Way
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27 5000
City & State 23 Lauderdale Lakes, Fla	City & State 28 Fort Lauderdale, Fla
Zip 24 33309 Country 25 USA	Zip 29 33309 Country 30 USA

4. FEI Number: 65-0481982 ☐ 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

9. Name and Address of Current Registered Agent

SIMS, TAWANDA
4261 NW 35TH AVE
LAUDERDALE LAKES FL 33309

10. Name and Address of New Registered Agent

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SCIPPIO, SHEILA - President	1.2 NAME	
STREET ADDRESS	2832 NW 55TH AVE #1B	1.3 STREET ADDRESS	Same as 12
CITY ST ZIP	FT LAUDERDALE FL 33056	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME	Gilbert Charmin - Vice-president	2.2 NAME	
STREET ADDRESS	811 Lyons Road	2.3 STREET ADDRESS	
CITY ST ZIP	Coconut Creek, Fl	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME	Carol Dvidson - Secretary	3.2 NAME	
STREET ADDRESS	5740 NW 11th Street	3.3 STREET ADDRESS	
CITY ST ZIP	Lauderhill, Fla	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME	Tawanda Sims - Treasurer	4.2 NAME	
STREET ADDRESS	4261 NW 35th Ave	4.3 STREET ADDRESS	
CITY ST ZIP	Lauderdale Lakes, Fla	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	REMITTED BY MAY 1
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP	DM 6/19	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	$ Deposited by Bank
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Tawanda Sims Tawanda Sims 4-18-95 Date 3-4-76 1557 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0240011 CP