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

Mailing Address

898 HWY, 98 E.

DESTIN FL 32541

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SUITE 110

26

28

29

CORPORATION ANNUAL REPORT

**1998** 

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

898 HWY, 98 E.

DESTIN FL 32541

SUITE 110

22

23

24

Zip

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000098963 (7)

BUSINESS & INDUSTRY TRAINING SERVICES, INC.

Country

9. Name and Address of Current Registered Agent

25

ASHER, BETTY T

**DESTIN FL 32541** 

85 INDIGO LOOP S

		FILEL	)
Apr	10	1998	8:00am
Se	ecre	tary o	f State

DO NOT WRITE IN THIS	SPACE
3. Date Incorporated or Qualified 12/06/1996	
 4. FEI Number 59-3423380	/ Applied For 12 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
 This corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation.	urrent year Intangible ✓ Yes
	l Agent

Zip Code

85

R PROPROBLEM FOR THE PROPERTY OF THE SECOND STATES AND SECOND STATES AND SECOND STATES AND SECOND STATES AND SECOND SECON

**SIGNATURE** Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE Addition TITLE 1.1 TITLE ASHER, BETTY T NAME 1.2 NAME R2E034 85 INDIGO LOOP S STREET ADDRESS 1.3 STREET ADDRESS **DESTIN FL** Destin, FL 32541 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ Change \_\_\_ Addition TITLE 2.1 TITLE MADSEN, PAMELA G NAME 2.2 NAME 225 WEKIVA COVE 1017 DEERFIELD RD STREET ADDRESS 2.3 STREET ADDRESS **VERMILLION SD** Destin, FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE Change 4.1 TITLE Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

Country

81

83 84 City

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.

30

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. (850)

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP