

FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
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

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SUITE 722
FT LAUDERDALE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/01/1994

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 § 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 4261 N.W. 35th Ave

2a. Mailing Address

26 6301 N.W. 5th Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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

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

(Signature Agent, Registered Agent, Registered Agent and Officer/Secretary)

(Not to be signed by Agent, Registered Agent, or Officer/Secretary)

(Not to be signed by Agent, Registered Agent, or Officer/Secretary)

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCIPPIO, SHEILA - President
STREET ADDRESS 2832 NW 55TH AVE #18
CITY, ST, ZIP FT LAUDERDALE FL 33056

TITLE
NAME Gilbert Charmin - Vice-President
STREET ADDRESS 811 Lyons Road
CITY, ST, ZIP Coconut Creek, Fl

TITLE
NAME Carol Dvidson - Secretary
STREET ADDRESS 5740 NW 11th Street
CITY, ST, ZIP Lauderhill, Fla

TITLE
NAME Tawanda Sims - Treasurer
STREET ADDRESS 4261 NW 35th Ave
CITY, ST, ZIP Lauderdale Lakes, Fla

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE ☐ Change ☐ Addition

15 NAME

16 STREET ADDRESS

17 CITY, ST, ZIP

Same as 12

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

REMITTED BY MAY 1

Deposited by Bank

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(a), 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 199, 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

Sims

4-18-95

3456 1557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR