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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90035 026 ***158.75

PROFIT CORPORATION ANNUAL REPORT



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

1998 1999

DOCUMENT # 573025

(4) ✓

1. Corporation Name
NATIONAL TRAINING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 188 COLLEGE DR. 188 COLLEGE DR.
 P. O. BOX 1899 P. O. BOX 1899
 ORANGE PARK FL 32067 ORANGE PARK FL 32067

3. Date Incorporated or Qualified
05/19/1978

4. FEI Number Applied For
59-1858946 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

28 City & State 29 City & State

25 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARK, FRANK, J
 188 COLLEGE DR.
 ORANGE PARK, FL
 32073

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC	<input type="checkbox"/> DELETE
NAME	LARK, FRANK J.	
STREET ADDRESS	1219 IDLEWILD AVE.	
CITY-ST-ZIP	GREEN COVE SPRGS. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANK J. LARK
1.3 STREET ADDRESS	1219 IDLEWILD AVE.
1.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PS LARRY S. LARK
2.3 STREET ADDRESS	188 COLLEGE DRIVE
2.4 CITY-ST-ZIP	ORANGE PARK, FL 32065
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 officer 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 in an attachment with an address.

SIGNATURE: *Larry S. Lark* LARRY S. LARK 4/30/99 (904) 272-4000

CR2E034 (10/97)