

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

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Mar 01, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F30329

1. Corporation Name
SKILLS, TRAINING, ANALYSIS, RESEARCH CONSULTANTS, INC.

Principal Place of Business 1251 VIA ESTRELLA WINTER PARK FL 32789	Mailing Address 1251 VIA ESTRELLA WINTER PARK FL 32789
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>1525 Wilbar Circle</i>	2a. Mailing Address 26 <i>1525 Wilbar Circle</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <i>Winter Park, FL</i>	City & State 28 <i>Winter Park, FL</i>
Zip 24 <i>32789</i>	Country 25 <i>Orange</i>
	Country 29 <i>Orange</i>

3. Date Incorporated or Qualified 05/19/1981	
4. FEI Number 59-2888649	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

SHARI, TITUS
 1251 VIA ESTRELLA
 WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name <i>Shari Titus</i>		
82 Street Address (P.O. Box Number is Not Acceptable) <i>1525 Wilbar Circle</i>		
83		
84 City <i>Winter Park</i>	85 State FL	86 Zip Code <i>32789</i>

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: *Shari Titus* **President** DATE: *1/27/99*

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	TITUS, SHARI	
STREET ADDRESS	1251 VIA ESTRELLA	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	SMITH, DEBORAH	
STREET ADDRESS	1251 VIA ESTRELLA	
CITY-ST-ZIP	WINTER PARK 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>1525 Wilbar Circle</i>
1.4 CITY-ST-ZIP	<i>Winter Park, FL 32789</i>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<i>1525 Wilbar Circle</i>
2.4 CITY-ST-ZIP	<i>Winter Park FL 32789</i>
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)(l), 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, with all other like empowered.

SIGNATURE: *Shari Titus* **REQUIRED** DATE: *1/27/99* 407 645-3456

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)