## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	F95000001993	(3)
1. Corporation Name		1-1

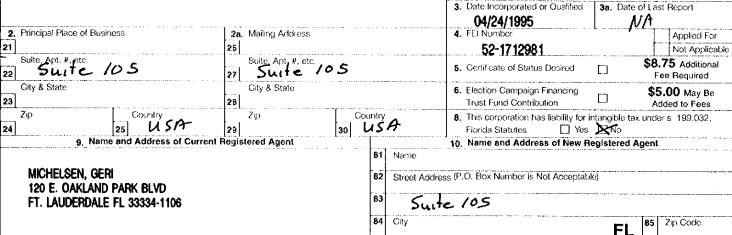
## INTERACTIVE TRAINING DISTRIBUTORS, INC.

Principat	Place of B	usinos	\$		
120 E.	OAKLAND	PARK	BLVD		

FT. LAUDERDALE FL 33334-1106

Ma'ling Address

120 E. OAKLAND PARK BLVD FT. LAUDERDALE FL 33334-1106



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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.

ramıllar wit	n, and accept the obligations of Section 607	.0505, Honda Stalutes	S <sub>-</sub>	
SIGNATURE _	Signature, typed or printed name of registered agent and fit at	as phorable (NC	DE: Registered Agent signature required	d whon nánstait ngi DATE
12.	OFFICERS AND DIFIE	CHS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	[]] DELETE	1. 1 TITLE	Change Addition
NAME	MICHELSEN, GERI		1.2 NAME	
STREET ADDRESS	1520 NE 30TH PLACE		1.3 STREET ADDRESS	
CHTY-ST-ZIP	FT LAUDERDALE FL 33334		1.4 C/1Y~ST-Z/P	
TITLE	VTD	[] DELETE	2 1 THEF	Change Addition
NAME	FRAKER, JACK		2.2 NAME	
STREET ADDRESS	2614J S. ARLINGTON MILL DR.		2.3 STREET ADDRESS	
CITY-S1-ZIP	ARLINGTON VA 22206		24 CHY-ST-ZIP	
TITLE		☐ DELETE	3 1 TIBLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-S1-7iP			3 4 CHY - ST - 24F	
TITLE		[]] DELETE	4. 1 11TLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CiTY-S1-ZiP			44 CITY-ST-ZIP	
TITLE		[]] DELETE	5 1 TITLE	Change  Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5 4 C(1) Y - S1 - Z(P	
TITLE		DELETE	6. 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-S1-ZIP			6.4 C(1) - S1 - 2(P	

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)(6). 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on an adjachingent with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)630-9500