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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 14 1999 8:00 am
Secretary of State

DOCUMENT # F98000003156

1. Corporation Name
COMPUTER TRAINING ENTEPRISE INC.

Principal Place of Business	Mailing Address
3001 NW 8TH STREET POMPANO BEACH FL 33069	3001 NW 8TH STREET POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1998

2. Principal Place of Business
21 2720 NW 2nd Street
22 Suite, Apt. #, etc.
23 City & State: Pompano Beach, FL
24 Zip: 33069 25 Country: Broward

2a. Mailing Address
26 2720 NW 2nd Street
27 Suite, Apt. #, etc.
28 City & State: Pompano Beach, FL
29 Zip: 33069 30 Country: Broward

4. FEI Number: 65-0840081 ☐ 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 owes the current year intangible Personal Property Tax ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DORSEY, FLOYD B
3001 NW 8TH STREET
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name: Mitchell, Michelle S.
82 Street Address (P.O. Box Number is Not Acceptable): 2720 NW 2nd Street
83
84 City: Pompano Beach FL 85 Zip Code: 33069

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: Michelle S. Mitchell — Michelle S. Mitchell — DATE: 4/16/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MITCHELL, MICHELLE S		1.2 NAME		
STREET ADDRESS	600 NW 41ST STREET, #1		1.3 STREET ADDRESS	2720 NW 2nd Street	
CITY-ST-ZIP	OAKLAND PARK FL		1.4 CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DORSEY, FLOYD B		2.2 NAME		
STREET ADDRESS	2690 NW 7TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	WHITE, GREGORY L		3.2 NAME		
STREET ADDRESS	2711 NW 6TH COURT		3.3 STREET ADDRESS	3024 N. Powers Drive, Apt.#234	
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP	Orlando, FL 32818	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 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 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	04-26-99 90001 011 150.00	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Michelle S. Mitchell — Michelle S. Mitchell — 4/16/99 — (954)255-4093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #