

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 # **G94812** (6)
1. Corporation Name
AUTOMOTIVE TECHNICAL TRAINING SERVICES, INC.



Principal Place of Business
**1605 SOUTH MISSOURI AVENUE
CLEARWATER FL 34616**

Mailing Address
**1605 SOUTH MISSOURI AVENUE
CLEARWATER FL 34616**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/05/1984		3a. Date of Last Report 04/06/1995	
21		26		4. FEI Number 59-2628603		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent

**ELMORE, DAVID
1605 SOUTH MISSOURI AVENUE
CLEARWATER FL 34616**

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: typed or printed name of registered agent and the incorporator

DATE: Registered Agent Signature (required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LEVIN, LEONARD D.	1.2 NAME	Levin, Leonard D.
STREET ADDRESS	3221 E. FAIRBROOK ST	1.3 STREET ADDRESS	1605 S. Missouri Ave
CITY-ST-ZIP	MESA AZ	1.4 CITY-ST-ZIP	Clearwater, FL 34616
TITLE	SD	2.1 TITLE	
NAME	SILBERT, JERRY	2.2 NAME	
STREET ADDRESS	3253 E. FAIRBROOK ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MESA AZ	2.4 CITY-ST-ZIP	
TITLE	TS	3.1 TITLE	TS
NAME	ELMORE, DAVID	3.2 NAME	
STREET ADDRESS	1605 SO. MISSOURI AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	34616
TITLE		4.1 TITLE	VP D
NAME		4.2 NAME	Levin, Carol J.
STREET ADDRESS		4.3 STREET ADDRESS	1605 S. Missouri Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, FL 34616
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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 change made on attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)