

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 # J49683

(2)

1. Corporation Name

FLORIDA TRAINING CENTER, INC.



Principal Place of Business

Mailing Address

4200 S US HWY 17-92
P.O. BOX 180127
CASSELBERRY FL 32718-127
US

4200 S US HWY 17-92
P.O. BOX 180127
CASSELBERRY FL 32718-127
US

3. Date Incorporated or Qualified

01/01/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2754874

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WORSWICK, RONALD J.
4200 SOUTH US HWY 17-92
CASSELBERRY FL 32707

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 607.0532 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 D ☐ DELETE

NAME WORSWICK, RONALD J.
STREET ADDRESS 1212 N. PARK AVENUE
CITY-ST-ZIP WINTER PARK FL

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME WORSWICK, DOUGLAS J.
STREET ADDRESS 1625 GOLFSIDE DRIVE
CITY-ST-ZIP WINTER PARK FL

2.1 TITLE ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME WALL, SHIRLEY E.
STREET ADDRESS 28402 TAMMI DR
CITY-ST-ZIP TAVARES FL

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME WORSWICK, DOLORES M.
STREET ADDRESS 1212 N. PARK AVENUE
CITY-ST-ZIP WINTER PARK FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE:

Shirley E. Wall

SHIRLEY E. WALL

April 29, 1996

407 331-5542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)