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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J98802

ADVANTAGE CAREER TRAINING, INC.

(8)

FILED Feb 10 1998 8:00am Secretary of State

Principal Place	of Business	Mailing Address			C INDESINA MAIN MAIN ANNE LOTAL BARTEN ALBER MAN STATUT OF MAIN AND ST	C URBANIO COLO CONTA MORP CONTRACTOR NICENTE STATE STATE STATE OF CONTRACTOR OF THE CONTRACTOR STATES OF CONTRACTO			
8201 US 19 PORT RICHEY US	FL 34669	P.O. BOX 1044 PORT RICHEY FL 34673-1044 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/26/1987	The state of the s			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For			
21		26			59-2857840	Not Applicable			
Suite, Apt. #, etc		Suite, Apl. #, etc.			I K Contitionate of Status Decired IVI	\$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Ζιρ 29	30 Cou	ntry	This corporation owes or has paid the current y Personal Property Tax due June 30. Yes				
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
7020	EY, RICHARD A. B WHITE THORN COURT OF BICHEY EL 24888				me eet Address (P.O. Box Number is Not Acceptable)				

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.

City

SIGNATURE		4-11- AU	Registered Agent signature	and the distribution of the control	DATE		
12.	Signature: typed or printed nume of registered agent and title diapple, ablk OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICER			
TITLE	POV	DELETE	1.1 TITLE	Ø.DD	Change	Addition	
NAME	FINLEY, RICHARD A.	,	1.2 NAME	Fiviley Richard A. 7026 White thorn Ct. PORT Billiey, Ex			
STREET ADDRESS	7026 WHITE THORN COURT		1.3 STREET ADDRESS	7026 White Thorn Ct.			
CfTY-ST-ZIP	PORT RICHEY FL		1.4 CiTY-ST-ZIP	PORT BICHRY FL			
TITLE	SCM	DELETE	2.1 TITLE	77	Change	Addition	
NAME	FINLEY, RICHARD A	•	2.2 NAME				
STREET ADDRESS	7026 WHITE THORN COURT		2.3 STREET ADORESS			_	
CITY-ST-ZIP	PORT RICHEY FL		2 4 CITY-ST-ZIP	(*			
TITLE	D	DELETE	3 1 TITLE	DSTC	Change	X Addition	
NAME	DEMPSEY, DAVID W.		3.2 NAME	DEMOSEY DAVID W	-		
STREET ADDRESS	6641 MADISON STREET		3.3 STREET ADDRESS	DEMPSEY, DAVID W 6641 MADIEN ST NEW PORT RICHY, FL			
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4. CITY - ST - ZIP	NEW POET RICHA FI			
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 STAEET 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 ADORESS				
CITY-ST-7IP			64 CITY-ST-ZIP				

14. Thereby 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 aritical 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 op an attachment with an address.

SIGNATURE:

Islas A. Tinhe Gresident

Richard A. Finley

813/848-1205