

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 # **K46573** (7)

1. Corporation Name

STOCKBROKERS TRAINING SCHOOL, INC.



Principal Place of Business

Mailing Address

**10850 SOUTHWEST 113TH PLACE
SUITE 107
MIAMI FL 33176**

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SUITE 107
MIAMI FL 33176**

3. Date Incorporated or Qualified

11/21/1988

3a. Date of Last Report

04/24/1995

4. FEE Number

NOT APPLICABLE

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOSTER, DEWITT M.
8557 SW 114TH PLACE
MIAMI FL 33173**

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 firm, if applicable

(NOTE: Registered Agent signature not required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DPS
FOSTER, DEWITT**
STREET ADDRESS **10850 SW 113TH PLACE**
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VTD
FOSTER, JUNE**
STREET ADDRESS **10850 SW 113 PLACE**
CITY - ST - ZIP **MIAMI FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VTD
FOSTER, JUNE**
STREET ADDRESS **10850 SW 113 PLACE**
CITY - ST - ZIP **MIAMI FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VTD
FOSTER, JUNE**
STREET ADDRESS **10850 SW 113 PLACE**
CITY - ST - ZIP **MIAMI FL**

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VTD
FOSTER, JUNE**
STREET ADDRESS **10850 SW 113 PLACE**
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VTD
FOSTER, JUNE**
STREET ADDRESS **10850 SW 113 PLACE**
CITY - ST - ZIP **MIAMI FL**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VTD
FOSTER, JUNE**
STREET ADDRESS **10850 SW 113 PLACE**
CITY - ST - ZIP **MIAMI FL**

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
4/28/96

305
270 2550
Daytime Phone #

CR2E034 (12/95)