## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

APPROVED AND

	199	7			ON OF COR	PORATIONS	].	1997 HAY	1-1 PH	2: 57
FILING \$ 203.	75 Ma	Annual Report \$10 ke Check Payable	To: FLORI	DA DEI	PARTMEN	T OF STATE	SECRETARY OF STATE TALLAHASSEE. FLORIDA			
1 Name and Malling Address of Limited Liability Company DOCUMENT #L9600000  INSIGHT TRAINING, L.C. 1150 7TH STREET NORTH ST. PETERSBURG FL 33701						)535	1a. Principal Place of Business Address  L150 7TH STREET NORTH  ST. PETERSBURG FL 33701			
If above mailing address is incorrect in any way, line through incorrect I  2. Principal Place of Business  2a. Mailing						rection in Block 2a.	3. Date Organized or Qualified 3a. State of Formation			
				ot. #, etc.			05/07/1996 FL 4. FEI Number			
City & State  Zip Country			Zip	City & State  Zip Country			5. Date of Last Report		B. Certificate	Not Applicable of Status Desired
	7. Name	and Address of Curre	ent Registered	Agent		Name	8. Name and Add	dress of New Re		
1 1.50 ST Pl	ETERSBU	REXT NORTH JRG FL 3370 sions of Sections 608.4 istered agent, or both, in	16 and 608 508	, Florida (	Statutes, the a	Sulte, Apt. #, et	ed liability company	FL	Zip Code	urpose of changing pt the appointment
as registe	1	(Registered Agent Accept	ina Aasorimenti (	NOTE Regist	ered Agent signalu	re required when reinstati	ing) · ·	DATE		
10. Title	Ма	(Registered Agent Accepting Appointment) (Ni Managing Members/Managers				ess Street Address		City	, State and Zip	Code
MGRM MGRM	IGRM FOSTER, CAROLYN B 110 IGRM FRICE, GEORGE JR 260				89TH A	ISON CIRO	ORTH S DRIVE	ST. PET	ersbur(	FL FL
MGRM	SERVAI S	S, RANDEL I	•	150	TH S	rreet noi		\$T. PET 00021 -05/13/ ****20	l 769! '97010	

11. Ido 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SI	GN	ATI	JR	E:
•				ш.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Gervais

813-9122

Daytime Phone #