

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **M75864** (2)

1. Corporation Name
TRAINING RESOURCES INTERNATIONAL, INC.

'95 APR 27 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2018 TEAKWOOD LN
DAYTONA BCH. FL 32124**

Mailing Address
**2018 TEAKWOOD LN
DAYTONA BCH. FL 32124**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/08/1988

3a. Date of Last Report
04/26/1994

2. Principal Place of Business

21 **7313 BRANCHTREE DR.**

22 Suite, Apt. #, etc.

23 **ORLANDO FL**

24 **32835** Country

25 **ORANGE**

26 **7313 BRANCHTREE DR.**

27 Suite, Apt. #, etc.

28 **ORLANDO, FL**

29 **32835** Country

30 **ORANGE**

4. FEI Number
59-2891718

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

**BLOOM, LINDA M.
2018 TEAKWOOD LN
DAYTONA BCH. FL 32124**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip Code

FL

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 title if applicable)

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MACKELLAR-HERTAN, WILLIAM A
STREET ADDRESS	2018 TEAKWOOD LN
CITY - ST - ZIP	DAYTONA BCH. FL
TITLE	S
NAME	BLOOM, LINDA M.
STREET ADDRESS	2018 TEAKWOOD LN
CITY - ST - ZIP	DAYTONA BCH. FL
TITLE	T
NAME	MACKELLAR-HERTAN, JAMES A
STREET ADDRESS	921 31ST AVE S
CITY - ST - ZIP	SEATTLE WA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	7313 BRANCHTREE DR.
14 CITY - ST - ZIP	ORLANDO, FL 32835
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	7313 BRANCHTREE DR.
34 CITY - ST - ZIP	ORLANDO, FL 32835
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 changed, or on an attachment with an address.

SIGNATURE: William A. Mackellar-Hertan **William A. Mackellar-Hertan** 4-24-95 409
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (typed 1/5/99)