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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

BLOOM, UNDA M.

Sulte, Apt. #, etc.

City & State

7313 BRANCHTREE DRIVE

ORLANDO FL 32835

21

22

23

24

Zip



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M75864

(2)

Mailing Address

7313 BRANCHTREE DRIVE

ORLANDO FL 32835-2713

2a. Mailing Address

City & State

 $Z_{\rm IP}$

28

29

Suite, Apt. #, etc.

TRAINING RESOURCES INTERNATIONAL, INC.

Country

9. Name and Address of Current Registered Agent

| Secretary of State | | | | | |
|--|--|--------------|-------------------------------|--|---------------|
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| | T BERNERIN DIN TRADIT RINGH FRANCE RANT RANK D | JAKI BIBII B | 1111 21011 213 1 | 81811-1881 | |
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| | | | | | |
| | Date Incorporated or Qualified 04/08/1988 | | ite of Last F 22/1996 | Report | |
| 4. | FEI Number | | | pplied For | - |
| | 59-2891718 | | | ot Applicable | $\frac{1}{2}$ |
| 5. | Certificate of Status Desired | | • | Additional lequired | |
| 6. | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees | |
| 8. | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\) Yes \(\) No | | | | |
| 10. Name and Address of New Registered Agent | | | | | |
| | | | | |] |
| s (F | O. Box Number is Not Acceptable | e) | | | 1 |
| | | | | | 1 |
| | | FI | 85 Zip | Code | 1 |
| atio | n submits this statement for the publicand of directors. I hereby accept | urpose of | ll changing ointment as | its registered registered | 1 |
| | ,, | | | - The grant of the state of the | Ì |
| Mher | reinstating) | DATE | | | |
| | ADDITIONS/CHANGES TO OFFICE | ERS AND | DIRECTO | RS IN 12 |]; |
| | | | Change | Addition | 15 |
| | | | | | 1; |
| | | | | | |
| | | | | | 15 |

FILED

Apr 24 1997 8:00am

2018 TEAKWOOD LN 82 Street Address (DAYTONA BCH. FL 32124 В3 84 City 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTC Presistered Agent's gnature required who 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE MACKELLAR-HERTAN, WILLIAM A NAME 1.2 NAME 7313 BRANCHTREE DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 Title NAME BLOOM, LINDA M. 2.2 NAME 2018 TEAKWOOD LN STREET ADDRESS 2.3 STREET ADDRESS DAYTONA BCH. FL. CITY-ST-ZIP 2. 4 CITY - ST - 7IP TITLE DELETE 3.1 TO LE Change Addition MACKELLAR-HERTAN, JAMES A 3.2 NAME 7313 BRANCHTREE DRIVE STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 3 4. CITY - \$1 - ZIP DELETE Change Addit:on TITLE 4111111 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY+ST-ZIP 4.4 CITY - ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZiP DELETE Change Addition TITLE **6.1 THLE** NAME **6.2 NAME** STREET ADDRESS 6.3 STREET ADDRESS CHTY-ST-ZIP 6.4 C(1Y - ST - Z(P

Country

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14. I do 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 or supplemental annual report is true and accurate and that my signature shall have the same logal 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.

Mon Killook William A Mackellon - Horoman

4-19-97 427-291.7199