

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30121 (0)

1. Corporation Name

INSTITUTE OF SPECIALIZED TRAINING & MANAGEMENT,
INC.

Principal Place of Business

853 E. HWY. 436
SUITE 169
CASSELBERRY FL 32707
US

Mailing Address

853 E. HWY. 436
SUITE 169
CASSELBERRY FL 32707-5342
US

2. Principal Place of Business

21 SAME

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 SUITE 200

Suite, Apt. #, etc.

27 SUITE 200

City & State

23 SAME

City & State

28 SAME

Zip

24 SAME

Country

25 SAME

Zip

29 SAME

Country

30 SAME

9. Name and Address of Current Registered Agent

STAHL, LOIS M
853 E. HWY 436,
SUITE 169
CASSELBERRY FL 32707

3. Date Incorporated or Qualified

01/11/1989

3a. Date of Last Report

07/10/1996

4. FEI Number

59-2942202

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

10. Name and Address of New Registered Agent

81 Name DONALD M. GRALEY

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

853 E. HWY. 436, SUITE 200

83 SUITE 200

84 City CASSELBERRY

FL

85 Zip Code 32707

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Donald M. Graley

(NOTE: Registered Agent signature required when reinstating)

1-7-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE
NAME LINDA C. HART
STREET ADDRESS 759 LAKE KATHRYN CIRCLE
CITY-ST-ZIP CASSELBERRY FLTITLE VPD ☒ DELETE
NAME HART, JOE
STREET ADDRESS 753 LAKE KATHRYN CIRCLE
CITY-ST-ZIP CASSELBERRY FLTITLE DT ☐ DELETE
NAME WESTFALL, DORIS G.
STREET ADDRESS 1150 ARDEN STREET
CITY-ST-ZIP LONGWOOD FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRES/DIRECTOR ☒ Change ☐ Addition
12 NAME LINDA C. HART
13 STREET ADDRESS 759 LAKE KATHRYN CIRCLE
14 CITY-ST-ZIP CASSELBERRY, FL. 3270721 TITLE VICE PRES/DIRECTOR/T ☐ Change ☒ Addition
22 NAME C.M. FIKE II
23 STREET ADDRESS 1401 W. CYPRESS CREEK ROAD
24 CITY-ST-ZIP PT. LAUDERDALE, FL. 3330931 TITLE ~~ADD~~ DIRECTOR/SEC ☒ Change ☐ Addition
32 NAME DORIS G. WESTFALL
33 STREET ADDRESS 1150 ARDEN STREET
34 CITY-ST-ZIP LONGWOOD, FL. 327504.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Linda C. Hart LINDA C. HART

Date

1-7-97

Daytime Phone # 407-831-8466

CR2E037 (9/96)