


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

04-15-1999 90083 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N30121					
1. Corporation Name INSTITUTE OF SPECIALIZED TRAINING & MANAGEMENT, INC.					
Principal Place of Business 853 E. HWY. 436 SUITE 200 CASSELBERRY FL 32707 US			Mailing Address 853 E. HWY. 436 SUITE 200 CASSELBERRY FL 32707 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/11/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2942202	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BLAND, ROBIN 148 MONARCH CIR APT 8 FERN PARK FL 32730				81 Name LY CASORIA (S.M. CASORIA III) 82 Street Address (P.O. Box Number is Not Acceptable) 83 1040 BAYVIEW DRIVE #600 84 City FORT LAUDERDALE FL 85 Zip Code 33304			

11. Pursuant to the provisions of Sections 617.0502 and 617.1808, 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/6/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input checked="" type="checkbox"/> DELETE NAME PD LINDA C. HART STREET ADDRESS 759 LAKE KATHRYN CIRCLE CITY-ST-ZIP CASSELBERRY FL 32707				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME VPDT C.M. FIKE II STREET ADDRESS 1401 W. CYPRESS CREEK RD. CITY-ST-ZIP FT. LAUDERDALE FL 33309				2.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME SD LAMBETH, JAMES O STREET ADDRESS 1120 POINTE NEWPORT TERR CITY-ST-ZIP CASSELBERRY FL 32707				3.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 17154 N.W. 86 Terrace 3.4 CITY-ST-ZIP Reddick, FL 32686			
TITLE <input type="checkbox"/> DELETE NAME DIRECTOR DR. JOE PACE STREET ADDRESS 1230 S. SOUTHLAKE DRIVE CITY-ST-ZIP HOLLYWOOD, FL 33309				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **WILLIAM W. KIRKEDPRES.**

4-6-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)