

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N39901 (6)
1. Corporation Name
TRI-COUNTY TRAINING AND EMPLOYMENT CENTER, INC.



Principal Place of Business Mailing Address
P.O. BOX 597 STUART FL 34995 **P.O. BOX 597 STUART FL 34995**

3. Date Incorporated or Qualified **09/11/1990** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0264761		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country					
24		25					
		29					
		30					

9. Name and Address of Current Registered Agent

**FOX, M. LANNING, ESQ.
1100 S.E. FEDERAL HWY.
STUART FL**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	DEIGHAN, DANIEL	
STREET ADDRESS	2000 SE PORT ST. LUCIE BLVD.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MEHLICH, GERALD	
STREET ADDRESS	701 COLORADO AVE.	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	YOUNG, HEATHER	
STREET ADDRESS	2300 VIRGINIA AVENUE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ROBITAILLE, MARK	
STREET ADDRESS	300 HOSPITAL AVENUE	
CITY-ST-ZIP	STUART FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUTCHESON, SUZANNE	
STREET ADDRESS	1850 S. KANNER HIGHWAY	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SOPKO, JAMES	
STREET ADDRESS	P.O. BOX 2421 - 2307 SE MONTEREY ROAD	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sherry Kloh	
1.3 STREET ADDRESS	US Highway #1 & Colorado Ave.	
1.4 CITY-ST-ZIP	Stuart, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mehlich, Gerald	
2.3 STREET ADDRESS	701 Colorado Avenue	
2.4 CITY-ST-ZIP	Stuart, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Young, Heather	
3.3 STREET ADDRESS	2300 Virginia Ave.	
3.4 CITY-ST-ZIP	Ft. Pierce, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robitaille, Mark	
4.3 STREET ADDRESS	300 Hospital Avenue	
4.4 CITY-ST-ZIP	Stuart, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Suzanne Hutcheson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

Date

407-221-4050

Daytime Phone #

CR2E037 (12/95)