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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

P.O. BOX 597
STUART FL 34995

Mailing Address

P.O. BOX 597
STUART FL 34995-0597



3. Date Incorporated or Qualified
09/11/1990

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number
65-0264761

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

10. Name and Address of New Registered Agent

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

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 TD
NAME SHERRY KLOHS
STREET ADDRESS US HWY 1 AND COLORADO AVE.
CITY-ST-ZIP STUART FL

DELETE

TITLE CD
NAME MEHLICH, GERALD
STREET ADDRESS 701 COLORADO AVE.
CITY-ST-ZIP STUART FL

DELETE

TITLE CD
NAME YOUNG, HEATHER
STREET ADDRESS 2300 VIRGINA AVENUE
CITY-ST-ZIP FT. PIERCE FL

DELETE

TITLE SD
NAME ROBITAILLE, MARK
STREET ADDRESS 300 HOSPITAL AVENUE
CITY-ST-ZIP STUART FL

DELETE

TITLE PD
NAME HUTCHESON, SUZANNE
STREET ADDRESS 1650 S. KANNER HIGHWAY
CITY-ST-ZIP STUART FL

DELETE

TITLE VD
NAME SOPKO, JAMES
STREET ADDRESS P.O. BOX 2421 - 2307 SE MONTEREY ROAD
CITY-ST-ZIP STUART FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD
1.2 NAME McNicholas, Michael
1.3 STREET ADDRESS 900 S. Federal Hwy
1.4 CITY-ST-ZIP Stuart, FL 34994

Change Addition

2.1 TITLE SD
2.2 NAME DeSanctis, Elizabeth
2.3 STREET ADDRESS 2281 N.E. 21st Avenue
2.4 CITY-ST-ZIP Jensen Beach, FL 34957

Change Addition

3.1 TITLE VCD
3.2 NAME Karraker, Craig
3.3 STREET ADDRESS 508 S.W Port St. Lucie Blvd.
3.4 CITY-ST-ZIP Port St. Lucie, FL 34953

Change Addition

4.1 TITLE CD
4.2 NAME Robitaille, Mark
4.3 STREET ADDRESS 300 Hospital Ave.
4.4 CITY-ST-ZIP Stuart, FL 34994

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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.

CR2E037 (9/96)