


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 09/11/1990	
4. FEI Number 65-0264761		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

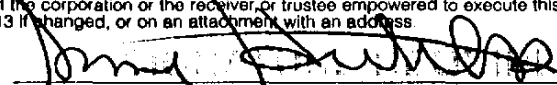
9. Name and Address of Current Registered Agent FOX, M. LANNING, ESQ. 1100 S.E. FEDERAL HWY. STUART FL		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
TD	MONICHOLOS, MICHAEL	<input type="checkbox"/> DELETE	
900 S. FEDERAL HWY		1.3 STREET ADDRESS	
STUART FL		1.4 CITY - ST - ZIP	
CD	MEHLICH, GERALD	<input checked="" type="checkbox"/> DELETE	
701 COLORADO AVE.		2.1 TITLE	SD
STUART FL		2.2 NAME	Faherty, Phil
		2.3 STREET ADDRESS	865 North Federal Highway
		2.4 CITY - ST - ZIP	Stuart, FL 34994
CD	YOUNG, HEATHER	<input checked="" type="checkbox"/> DELETE	
2300 VIRGINA AVENUE		3.1 TITLE	VCD
FT. PIERCE FL		3.2 NAME	Karraker, Craig
		3.3 STREET ADDRESS	508 SW Port St. Lucie Blvd.
		3.4 CITY - ST - ZIP	Port St. Lucie, FL 34953
SD	ROBITAILLE, MARK	<input type="checkbox"/> DELETE	
300 HOSPITAL AVENUE		4.1 TITLE	CD
STUART FL		4.2 NAME	Robitaille, Mark
		4.3 STREET ADDRESS	300 Hospital Ave.
		4.4 CITY - ST - ZIP	Stuart, FL 34994
PD	HUTCHESON, SUZANNE	<input type="checkbox"/> DELETE	
1850 S. KANNER HIGHWAY		5.1 TITLE	
STUART FL		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	
		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.

SIGNATURE:  4/16/98 561-221-4050

CR2E037 (10/97)