


FILE NOW: FILING FEE IS \$61.25

FILED

Sep 02 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N92000000845 (9)**
1. Corporation Name

DUNKLIN INTERNATIONAL TRAINING CENTER, INC.



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| Principal Place of Business 3342 S.W. HOSANNAH LANE OKEECHOBEE FL 34974 | Mailing Address 3342 S.W. HOSANNAH LANE OKEECHOBEE FL 34974 |
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| 3. Date Incorporated or Qualified 12/17/1992 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 65-0388174 | |

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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| 5. Certificate of Status Desired <input checked="" 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 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 type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent EVANS, DONALD E 3505 DEER RUN TRAIL OKEECHOBEE FL 34974 |
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| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|---|
| TITLE | ST | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MURROW, HUGH | 1.2 NAME | |
| STREET ADDRESS | 3342 S.W. HOSANNAH LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOLICOEUR, JERRY | 2.2 NAME | |
| STREET ADDRESS | 2044 S.W. 19TH LN | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAREY, LOU | 3.2 NAME | |
| STREET ADDRESS | 3342 SW HOSANNAH | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEESON, FRED | 4.2 NAME | |
| STREET ADDRESS | 6126 WOODCREEK CT | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER FL 33458 | 4.4 CITY-ST-ZIP | |
| TITLE | C | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EVANS, DONALD E | 5.2 NAME | |
| STREET ADDRESS | 3505 DEER RUN TRAIL | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRAYHORN, GUY R | 6.2 NAME | |
| STREET ADDRESS | 12314 RIVER RD. S.E. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT MYERS FL 33905 | 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 on an amendment with an address.

SIGNATURE: *Dush Murrow* 8-14-98 (561) 597-2811

CR2E037 (10/97)