


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90022 006 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000845

1. Corporation Name

DUNKLIN INTERNATIONAL TRAINING CENTER, INC.

Principal Place of Business
3342 S.W. HOSANNAH LANE
OKEECHOBEE FL 34974

Mailing Address
3342 S.W. HOSANNAH LANE
OKEECHOBEE FL 34974



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/17/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0388174	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required \$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			
EVANS, DONALD E 3505 DEER RUN TRAIL OKEECHOBEE FL 34974				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ST	<input type="checkbox"/> DELETE		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	<input type="checkbox"/> DELETE		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	<input type="checkbox"/> DELETE		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	<input type="checkbox"/> DELETE		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	<input type="checkbox"/> DELETE		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	<input type="checkbox"/> DELETE		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 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-99 561-597-2844
Date Daytime Phone #

CR2E037 (11/98)