

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 MAY - 1 AM 9:55

**CORPORATION ANNUAL REPORT 1995**



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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N93000001892 (9)**  
1. Corporation Name  
**THE MASTER'S TRAINING WORKSHOPS, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**15622 S.W. 105TH AVE. MIAMI FL 33157**      **15622 S.W. 105TH AVE. MIAMI FL 33157**

3. Date Incorporated or Qualified **04/27/1993**      3a. Date of Last Report **08/17/1994**  
4. FEI Number **65-0406480**      Applied For / Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip      Country 30 Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HOLLOWAY, AARON JR.  
15622 S.W. 105TH AVENUE  
MIAMI FL 33157**

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**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLOWAY, AARON</b>	12 NAME	
STREET ADDRESS	<b>15622 S.W. 105TH AVE.</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	14 CITY - ST - ZIP	
TITLE	<b>D</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLOWAY, JENETTE L</b>	22 NAME	
STREET ADDRESS	<b>15622 S.W. 105TH AVE.</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	24 CITY - ST - ZIP	
TITLE	<b>D</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLOWAY, VANESSA</b>	32 NAME	
STREET ADDRESS	<b>15622 S.W. 105TH AVENUE</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(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 in or out of state; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Aaron Holloway Jr.*      4-27-95      305-251-1597  
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR      Date      (Signature Plate #)