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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N94000005945 (0)

1. Corporation Name
CAREER TRAINING CENTERS, INC.

Principal Place of Business	Mailing Address
~~[illegible]~~ US	~~% DAVID A. KING, ATTORNEY~~ ~~1416 KINGSLEY AVENUE~~ ~~ORANGE PARK FL 32073~~

3. Date Incorporated or Qualified: 12/02/1994

4. FEI Number: 59-3297170 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 11840 ToTree Lane	26 11840 ToTree Lane
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jacksonville, FL	28 City & State: Jacksonville, FL
24 Zip: 32223 / 25 Country: USA	29 Zip: 32223 / 30 Country: USA

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~OYLER, GARY A~~ ~~4001 MARIANNA ROAD~~ ~~JACKSONVILLE FL 32217~~ DELETE	81 Name: William F Cirmo 82 Street Address (P.O. Box Number is Not Acceptable): 11840 Totree Ln 83 84 City: Jacksonville FL 85 Zip Code: 32223

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] William Cirmo Pres — 4/28/98
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	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	~~[illegible]~~		1.2 NAME		
STREET ADDRESS	~~[illegible]~~		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~[illegible]~~		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OYLER, GARY A.		2.2 NAME		
STREET ADDRESS	4001 MARIANA ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CIRMO, WILLIAM F.		3.2 NAME		
STREET ADDRESS	11840 TOTREE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	Ryan, Nancy M.	
STREET ADDRESS			4.3 STREET ADDRESS	11840 Totree Lane	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: X [signature] — 4/28/98 — 904-268-0956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William F. Cirmo, President

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