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FILED
Jul 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006086 (0)**

1. Corporation Name

TECHNI - PRO INSTITUTE INC.

Principal Place of Business

Mailing Address

**3819 S SHELLEY RD
WEST PALM BEACH FL 33407
US**

**3819 S SHELLEY RD
WEST PALM BEACH FL 33407
US**

3. Date Incorporated or Qualified

11/25/1996

4. FEI Number

65-0728391

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

Country

28 Zip

Country

24

25

29

30

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

**HYPPOLITE, GILBERT
10 SOUTHERN CROSS CIRCLE
#201
BOYNTON BEACH FL 33436**

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City

FL

35 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 **D** ☒ DELETE
NAME **HYPPOLITE, DOMINIQUE**
STREET ADDRESS **3819 S SHELLEY RD**
CITY-ST-ZIP **WEST PALM BEACH FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **MAIGNAN, M. ALBERTE JUD**
STREET ADDRESS **805 S. D ST**
CITY-ST-ZIP **LAKE WORTH FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **Jeune, MAX**
2.4 CITY-ST-ZIP **1502 Barton Rd
Lake Worth, FL 33460**

TITLE **D** ☐ DELETE
NAME **LOUIS-JEUNE, SERGE**
STREET ADDRESS **1218 S DIXIE HWY**
CITY-ST-ZIP **LAKE WORTH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ASTREE, GUY**
STREET ADDRESS **4009 HEATH CIR SO.**
CITY-ST-ZIP **WEST PALM BEACH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **THEUS, WISLER**
STREET ADDRESS **419 SO. E ST**
CITY-ST-ZIP **LAKE WORTH FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Pierre, Mills**
5.4 CITY-ST-ZIP **3359 Belvedere Rd. # E
West Palm, FL 33406**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

4/21/98

CR2E037 (10/97)