


FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90212 043 ****61.25

0041583

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

DOCUMENT # N96000006086

1. Corporation Name

TECHNI - PRO INSTITUTE INC.

Principal Place of Business
3819 S SHELLEY RD
WEST PALM BEACH FL 33407
US

Mailing Address
3819 S SHELLEY RD
WEST PALM BEACH FL 33407
US



2. Principal Place of Business 21 303 West Atlantic Suite, Apt. #, etc. 22	2a. Mailing Address 26 303 West Atlantic Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 11/25/1996
City & State 23 DELRAY BCH, FL Zip Country 24 33444 25 US	City & State 28 Delray Bch, FL Zip Country 29 33444 30 US	4. FEI Number 65-0728391 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name HYPPOLITE GILBERT
82 Street Address (P.O. Box Number is Not Acceptable) 3819 So. Shelley Rd.
83
84 City West Palm Bch
85 Zip Code FL 33407

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 <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEUNE, MAX	1.2 NAME	JEUNE, EUGENIE
STREET ADDRESS	1502 BARTON ROAD	1.3 STREET ADDRESS	3500 N. Congress
CITY-ST-ZIP	LAKE WORTH FL 33460	1.4 CITY-ST-ZIP	WEST Palm Bch 33406
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS-JEUNE, SERGE	2.2 NAME	
STREET ADDRESS	1218 S DIXIE HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASTREE, GUY	3.2 NAME	
STREET ADDRESS	4009 HEATH CIR SO.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE, MILLS	4.2 NAME	
STREET ADDRESS	3359 BELVEDERE ROAD, #E	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM FL 33406	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

 HYPPOLITE GILBERT 4/30/99 (561) 243-4007 715-6309