

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P31694 (3)
1. Corporation Name
LINCOLN TECHNICAL INSTITUTE OF ARIZONA, INC.

Principal Place of Business UNIVERSL TECHNICAL INSTITUTE 8002 N 27TH AVENUE PHOENIX AZ 85017	Mailing Address UNIVERSL TECHNICAL INSTITUTE 3002 N 27TH AVENUE PHOENIX AZ 85017-5028
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/06/1990	3a. Date of Last Report 08/02/1996
21		26		4. FEI Number 86-0226984	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (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	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HARTMAN, ROBERT D.		1.2 NAME				
STREET ADDRESS	3002 N. 27TH AVE.		1.3 STREET ADDRESS				
CITY-ST-ZIP	PHOENIX AZ		1.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CRABB, WENDELL		2.2 NAME				
STREET ADDRESS	721 LOCKHAVEN DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	HOUSTON TX 77073		2.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RIORDAN, KIMBERLY		3.2 NAME				
STREET ADDRESS	3002 N 27TH AVENUE		3.3 STREET ADDRESS				
CITY-ST-ZIP	PHOENIX AZ		3.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MUECKE, JEFFREY		4.2 NAME				
STREET ADDRESS	3002 N 27TH AVENUE		4.3 STREET ADDRESS				
CITY-ST-ZIP	PHOENIX AZ		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Kim Riordan* 4/1/97 102 271 4174

CR2E034 (9/96)