

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P32250** (3)

1. Corporation Name  
**BUSINESS TRAINING INSTITUTE OF LAKE LAND, INC.**



Principal Place of Business: **444 WEST PIPKIN ROAD LAKE LAND FL 07652**  
Mailing Address: **444 WEST PIPKIN ROAD LAKE LAND FL 07652**

3. Date Incorporated or Qualified: **12/06/1990**  
3a. Date of Last Report: **08/18/1995**

2. Principal Place of Business: **4222 South Florida Avenue**  
2a. Mailing Address: **4222 South Florida Avenue**

4. FEI Number: **22-3047607**  
Applied For:  Not Applicable

21. Suite, Apt. #, etc.:  
22. City & State: **Lakeland, FL**  
23. Zip: **33813** 25. Country: **USA**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

26. Suite, Apt. #, etc.:  
27. City & State: **Lakeland, FL**  
28. Zip: **33813** 30. Country: **USA**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

29. Zip: **33813** 30. Country: **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**O'DONNELL-KENNY, NANCY  
1956 SUN TREE BLVD  
CLEARWATER FL 34823**

**10. Name and Address of New Registered Agent**

81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83.  
84. City: **FL** 85. Zip Code:

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. Thereby, 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 the Signing Officer or Director)

Date (Typed or Printed Date of the Signing Officer or Director)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MELLETT, JAMES P., JR.</b>	
STREET ADDRESS	<b>24 OLD TAPPAN ROAD</b>	
CITY - ST - ZIP	<b>OLD TAPPAN NJ</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRAEME, DORRAS</b>	
STREET ADDRESS	<b>160 EAST ROUTE 4</b>	
CITY - ST - ZIP	<b>PARAMUS NJ</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2. NAME			
3. STREET ADDRESS			
4. CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6. NAME			
7. STREET ADDRESS			
8. CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
9. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
10. NAME			
11. STREET ADDRESS			
12. CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
13. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
14. NAME			
15. STREET ADDRESS			
16. CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-96

201-845-6868

CR2E034 (12/95)