

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

APPROVED
AND
FILED

96 MAY 10 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000003571 (6)

1. Corporation Name

COMPUTER TRAINING CENTERS, INC.

Principal Place of Business

1880 N.E. 163 ST.
NORTH MIAMI BEACH FL 33162
US

Mailing Address

1880 N.E. 163 ST.
NORTH MIAMI BEACH FL 33162
US

3. Date Incorporated or Qualified
11/06/1992

3a. Date of Last Report
06/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0381253

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SODERHOLM, TRACY
877 N.E. 91 TERRACE
MIAMI SHORES FL 33138

81 Name

EDMOND R. DELANO, JR.

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

2280 KEYSTONE BLVD.

83

84 City

N. MIAMI

FL

85 Zip Code

33181

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 this 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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicable date

NOTE: Registered Agent Signature required when appointing

3/7/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPS
NAME SODERHOLM, TRACY
STREET ADDRESS 877 NE 91 TERRACE
CITY-ST-ZIP MIAMI SHORES FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE EDMOND R. DELANO JR.
1.2 NAME PRESIDENT/DIRECTOR
1.3 STREET ADDRESS 1880 NE 163 ST.
1.4 CITY-ST-ZIP N. MIAMI BEACH FL 33162

☒ Change ☐ Addition

2.1 TITLE SECRETARY/DIRECTOR
2.2 NAME ROBERT ALONSO
2.3 STREET ADDRESS 1880 N.E. 163 ST.
2.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33162

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

600001827036
-05/17/96--01031-010
****225.00 ****225.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDMOND R DELANO JR 3/7/96 (305)9483237

CR2E034 (12/95)