

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000032021 (6)**

1. Corporation Name
R & V CLERICAL TRAINING CENTER, INC.



Principal Place of Business: ~~280 U.S. HWY #1 LAKE PARK FL 33403 US~~
Mailing Address: ~~220 U.S. HWY #1 LAKE PARK FL 33403 US~~

3. Date Incorporated or Qualified: **05/04/1993**
3a. Date of Last Report: **02/06/1995**
4. FEI Number: **65-0410543**
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

2. Principal Place of Business: 21 **391 W. 34th St**
22. Suite, Apt. #, etc.:
23. City & State: **Riviera Beach, FL**
24. Zip: **33404** 25. Country: **USA**
26. Mailing Address: 26 **391 W. 34th St.**
27. Suite, Apt. #, etc.:
28. City & State: **Riviera Beach, FL**
29. Zip: **33404** 30. Country: **USA**

9. Name and Address of Current Registered Agent: **JACKSON, VIRGINIA J
391 WEST 34TH STREET
RIVIERA BEACH FL 33404**
10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Numbers 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: *Virginia Jackson* 3/18/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PS	NAME: JACKSON, VIRGINIA	1.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 391 W. 34TH ST	CITY-STATE-ZIP: RIVIERA BCH FL	1.2 NAME:	
TITLE: VPT	NAME: JACKSON, REUBEN	1.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 391 W. 34TH ST	CITY-STATE-ZIP: RIVIERA BCH FL	1.4 CITY-STATE-ZIP:	
TITLE:	NAME:	2.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	2.4 CITY-STATE-ZIP:	
TITLE:	NAME:	3.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	3.4 CITY-STATE-ZIP:	
TITLE:	NAME:	4.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	4.4 CITY-STATE-ZIP:	
TITLE:	NAME:	5.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	5.4 CITY-STATE-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	6.4 CITY-STATE-ZIP:	

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: *Virginia Jackson* 3/18/96 407-808-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CF2E034 (12/95)