## .7ILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000032021 (6)

FILED Apr 23 1997 8:00am Secretary of State

R & V C	CLERICAL TRAINING CEN	TER, INC.	•		
Principal Place of Business  391 W34TH ST RIVIERA EBACH FL 33404 US		Mailing Address 391 W 34TH ST RIVERA EBACH FL 33404 US	3007	T YORKIYARI NID YOYOO IYYII BAYNI OOKII BOXXI	98499 ANIXE 11911 98110 11881 1181 1981
				3. Date Incorporated or Qualified 05/04/1993	3a. Date of Last Report 03/21/1996
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0410543	Applied For Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	2	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State	· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Ζιρ <b>24</b>	Country 25	Zip	Country 30	8. This corporation has liability for it	
	9. Name and Address of Cur			10. Name and Address of New Re	
JAC	KSON, VIRGINIA J		61 Name		
391 WEST 34TH STREET RIVIERA BEACH FL 33404				ress (P.O. Box Number is Not Acceptab	(e)
			83		
			84 City		FL 85 Zip Code
SIGNATURE	Signature, typed or punted harne of registered		E: Registered Agent signature requ	poration submits this statement for the p tion's board of directors. I hereby accep ired when reinstaing) ADDITIONS/CHANGES TO OFFIC	DATE
TITLE	PS	DELETE	1.1 TITLE		Change Addition
NAME	JACKSON, VIRGINIA		12 NAME		
STREET ADDRESS	391 W. 34TH ST		1.3 STREET ADDRESS		J
CITY+ST-ZIP	RIVIERA BCH FL		1.4 CITY - ST - ZIP		
TITLE	VPT	☐ DELETE	2.1 TITLE		Change Addition
NAME	JACKSON, REUBEN		2.2 NAME		
STREET ADDRESS	391 W. 34TH ST		2.3 STREET ADDRESS		
City-\$1-ZiP	RIVIERA BCH FL	T bullar	2 4 City-St-ZiP		Observe Addition
TITLE		DELETE	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME 3.3 SYREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY+ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-SI-ZIP			4.4 CITY - ST - ZIP		Λ
TITLE	······································	☐ DELETE	5.1 TITLE		Change   Iddition
NAIVE			5.2 NAME		1/2/12/21
STREET ADDRESS			5.3 STREET ADDRESS		711/4/2/11/11
CHTY - S1 - ZIP			5.4 CITY-ST-ZIP		110101
TiTLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	00000215 -04/24/970101 ***165.00	えんがん
STREET ADDRESS			6.3 STREET ADDRESS	-04/24/970101	4024
CITY - ST - ZIP			6.4 CITY - ST - ZIP	***165,UU	

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:

MUSTALLA CONTROL OF THE OF THE STATE OF THE 
4/15/97 (561) 848-8040

CR2E034 (9/96)