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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000038067

THE SOURCE FOR TRAINING, INC.

Principal Place of Business
4980 SOUTHFORK RANCH DR.

ORLANDO FL 32812

Mailing Address

4980 SOUTHFORK RANCH DR. ORLANDO FL 32812

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90108 017 ***150.00



DO NOT WRITE IN THIS SPACE

						05/26/1993		
2. Principal Pl	ace of Business	2a.	Mailing Address			4. FEI Number	A	plied For
21		26	-			59-3181361	N	ot Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		28	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country		Zip	Count	ry	8. This corporation owes the current year Into		_
24	25	29		30	и	Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Regis	stered Agent		 	10. Name and Address of New Registered	Agent	
4980	ERS, NANCY C SOUTHFORK RANCH DR.	•		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	•	
ORL	ANDO FL 32812			8	3			
				1	4 City	FL	. - '	Code
office or re agent. I as	egistered agent, or both, in the State o' m familiar with, and accept the obligation	f Florid ons of	da. Such change was au , Section 607.0505, Flori	thorized b ida Statute	y the corporati	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	changing its	s registered egistered
	Signature, typed or printed name of registered agent				ent signature require	-	D DIDECT	DDC IN 12
12.	OFFICERS AND	DIRE	CTORS DELETE	13.	 	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
	Р						Onange	
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	ROGERS, NANCY C 4980 SOUTHFORK RANCH DR.		_ bearie	1.2 NAME 1.3 STRE	ET ADDRESS			
NAME	ROGERS, NANCY C			1.2 NAME 1.3 STRE 1.4 CITY	ET ADDRESS ST-ZIP		Change	Addition
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4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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 if address with all other like empowered.

SIGNATURE:

SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-9-99

Daytime Phone #

:R2E034 (11/98)