FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000069175 (6)

1. Corporation Name
ACTION TRAINING INSTITUTE, INC.

Principal Place of Business	Mailing Address
3203 W OAKELLAR AVE TAMPA FL 33611	3203 W OAKELLAR AVE TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1993
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21: 12 MISTY MEADOW DR.
Suite, Apt. #, etc 22:
City & State 23: BOYNTON BEACH, FL
Zip 24: 33462 Country 25: U.S.A.

2a. Mailing Address
26: 12 MISTY MEADOW DR.
Suite, Apt. #, etc 27:
City & State 28: BOYNTON BEACH, FL
Zip 29: 33462 Country 30: U.S.A.

4. FEI Number: 59-3204100 ☐ 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

9. Name and Address of Current Registered Agent

LEFTON, DAVID S
3203 W OAKELLAR AVE
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 252 THREE ISLANDS BLVD. #101
83
84 City: HALLANDALE FL 85 Zip Code: 33009

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: DAVID S. LEFTON 4/24/95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when mailing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPTD	11 TITLE	☒ Change ☐ Addition
NAME	LEFTON, DAVID S	12 NAME	
STREET ADDRESS	3203 W OAKELLAR AVE	13 STREET ADDRESS	252 THREE ISLANDS BLVD. #101
CITY ST ZIP	TAMPA FL 33611	14 CITY ST ZIP	HALLANDALE, FL 33009
TITLE	VSD	21 TITLE	VSD ☒ Change ☐ Addition
NAME	LEFTON, SHARI L	22 NAME	JEFFREY B. LEFTON
STREET ADDRESS	3203 W OAKELLAR AVE	23 STREET ADDRESS	12 MISTY MEADOW DR.
CITY ST ZIP	TAMPA FL 33611	24 CITY ST ZIP	BOYNTON BEACH, FL 33462
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST 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)(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: DAVID S. LEFTON 4/24/95 (305)458-9270
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0205234 CP