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 # P93000069175 (6)

1. Corporation Name

~~ACTION TRAINING INSTITUTE, INC.~~

DAVID S. LEFTON, P.A. N/C 2.8.96

Principal Place of Business	Mailing Address
12 MISTY MEADOW DR BOYNTON BEACH FL 33462 US	12 MISTY MEADOW DR BOYNTON BEACH FL 33462 US

3. Date Incorporated or Qualified: 09/30/1993
3a. Date of Last Report: 04/27/1995

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

2. Principal Place of Business	2a. Mailing Address
21 1053 S.E. 6TH AVE.	26 1053 SE 6TH AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: DANIA, FL	28 City & State: DANIA, FL
24 Zip: 33004 25 Country: US	29 Zip: 33004 30 Country: US

9. Name and Address of Current Registered Agent

LEFTON, DAVID S
252 THREE ISLANDS BLVD #101
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1053 S.E. 6TH AVE.
83
84 City: DANIA FL 85 Zip Code: 33004

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 — DAVID S. LEFTON — 5/23/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPTD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LEFTON, DAVID S		1.2 NAME		
STREET ADDRESS	252 THREE ISLANDS BLVD #101		1.3 STREET ADDRESS	1053 S.E. 6TH AVE.	
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP	DANIA, FL 33004	
TITLE	VSD	☐ DELETE	2.1 TITLE	VSD	☒ Change ☐ Addition
NAME	LEFTON, JEFFREY B		2.2 NAME	SHARI LEFTON	
STREET ADDRESS	12 MISTY MEADOW DR		2.3 STREET ADDRESS	1053 S.E. 6TH AVE.	
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-ST-ZIP	DANIA, FL 33004	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	700001765587	
STREET ADDRESS			5.3 STREET ADDRESS	-04/02/96--01003--006	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

JP 4.1

CR2E034 (12/95)

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 — 5/23/96 — (305) 921-1469
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #