

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000075610 (4)

1. Corporation Name

MEADOWBROOK TRAINING, INC.

Principal Place of Business

Mailing Address

8720 W HWY 318  
REDDICK FL 32686  
US

P.O. BOX 518  
OCALA FL 34478



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/01/1993		3a. Date of Last Report 06/12/1995	
21		26		4. FEI Number 59-3206235		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRANT, SAMUEL D 8720 W HWY 318 REDDICK FL 32686				81 Name STANTON BARBARA			
				82 Street Address (P.O. Box Number is Not Acceptable) 9628 SW 74 AVE.			
				83			
				84 City OCALA FL 85 Zip Code 34476			

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

Barbara Stanton

BARBARA STANTON

8/2/96

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	LACROIX, BARBARA	1.2 NAME	
STREET ADDRESS	P.O. BOX 518 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	ST
NAME	GRANT, SAMUEL D	2.2 NAME	STANTON, BARBARA
STREET ADDRESS	13785 SE 39TH TERRACE	2.3 STREET ADDRESS	9628 SW 74 AVE.
CITY-ST-ZIP	SUMMERFIELD FL	2.4 CITY-ST-ZIP	OCALA, FL 34476
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara Lacroix

BARBARA LACROIX

8/2/96

353 591-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filed #

CR2E034 (3/96)