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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

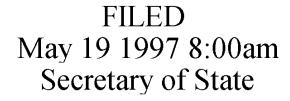
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MEADOWBROOK TRAINING, INC.

Principal Place of Busines	S
8720 W HWY 318 REDDICK FL 32696	

Mailing Address

P.O. BOX 518 OCALA FL 34478-0518





US					3. Date Incorporated or Qualified 11/01/1993		te of Las 17/199	st Report	
2. Principal Pr	lace of Business	2a, Mailing Address	• • • • • • • • • • • • • • • • • • • •		4, FEI Number	1 0010	7	Applied For	
21		26			59-3206235			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired		\$8.75 Additional Feo Required		
City & State		City & State	·		Election Campaign Financing     Trust Fund Contribution		<b>\$5.00</b> May Be Added to Fees		
Zip 24	Country 25	7φ <b>29</b>	Gount 30	lry	8. This corporation has liability for in Florida Statutes	Yes No			
	9, Name and Address of C	urrent Registered Agent			10. Name and Address of New Re	gistered A	gent		
	INTON, BARBARA 8 S.W. 74 AVE.			Name					
OCALA FL 34476				.,,	dress (P.O. Box Number is Not Acceptab				
				13   14   City			85 Z	up Code	
			°	City		FL	85  4	ip Code	
office or r	egistered agent, or both, in the	7,0502 and 607.1508, Florida Sta State of Florida. Such change wa obligations of, Section 607.0505,	as authorized	by the corpor	riporation submits this statement for the plation's board of directors. I hereby accep	orpose or of the appo	onangin Jintment	g its registered as registered	
DIGITATORE	Signature, typed or printed name of registe		VOIL: Registe ed A	Agent signature roo	quired when reinstating)	DATE			
12.	····	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	Р	[_] DELETE	1.1 THU	E (		ļ	Chang	ge 🔲 Addition	
NAME	LACROIX, BARBARA		1.2 NAM	K					
STREET ADDRESS	P.O. BOX 518 N/A		1.3 STRE	E1 ADORESS					
CITY-ST-ZIP	OCALA FL		1.4 CITY	'- ST-7IP					
TITLE	ST	☐ DELETE	21 <b>1</b> 11111	i į		į,	Chang	ge Addition	
NAME	STANTON, BARBARA		2 2 NAM	IF (					
STREET ADDRESS	9628 S.W. 74 AVE.		2.3 \$TRE	ET ADORESS					
CITY-ST-ZIP	OCALA		2.4 CITY	Y-S1-ZIP					
TITLE		DETETE	3 1 1111	F		j	Chan	ge 🔲 Addition	
NAME			3.2 NAM	H [					
STREET ADDRESS			3.3 STR	EE1 ADORESS					
CITY+ST-ZIP			3.4. CITY	Y-S1-ZIF					
TITLE		DELETE	41 1111	F			Chan	ge 🔲 Addition	
NAME			4. 2 NAN	AE [					
			4.3 STRE	EET ADDRESS					
STREET ADDRESS									
CITY-ST-ZIP			4,4 CITY	'- \$1 - 7IP					
		☐ DELETE	4,4 CITY 5.1 THE				Chan	ge 🔲 Addition	
CITY-ST-ZIP		DELETE		ī			Chan	ge Addition	
CITY-ST-ZIP TITLE		☐ DELETE	5 1 1HL 5.2 NAM	ī			Chan	ge Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	5.1 1HU 5.2 NAM 5.3 STR	E NE LET ADDRESS '-ST-ZIP			☐ Chan		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			5 1 1HLI 5.2 NAM 5.3 STRS 5.4 CHY	E NE EE1 ADDRESS '-ST-ZIP					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			5.1 Titul 5.2 NAM 5.3 STRS 5.4 City 6.1 Titul 6.2 NAM	E NE EE1 ADDRESS '-ST-ZIP					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			5.1 THU 5.2 NAM 5.3 STRI 5.4 CHY 6.1 THU 6.2 NAM 6.3 STRI	E NE LET ADDRESS '- ST-ZIP E					

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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.