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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000077756 (3)

REHABILITATION TRAINING INSTITUTE, INC.

Principal Place of Business Mailing Address									
				_		3. Date Incorporated or Qualific 11/09/1993	_	ate of Last F 04/1996	leport
2. Principal P	lace of Business	28. Mailing Address 26				4. FEI Number 59-3211526			pplied For ot Applicable
Surte, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional equired
City & State	9	City & State		_		Election Campaign Financing Trust Fund Contribution	, []	•	May Be to Fees
Zip	Country	Zip	Country	y		8. This corporation has liability		tax under s	
24	25	29	30		 	Florida Statutes	Yes		
VID.	9. Name and Address of Curre	nt Hegistered Agent	81	T	Name	10. Name and Address of New	Registered	Agent	
	/en, rogers) rew circle			L					·····
SUITE 100			82	1	Street Addre	ess (P.O. Box Number is Not Acce	ptable)		
	DEE FL 34761		63	1					
			84	1	City		FL	85 Zip	Code
agent La SIGNATURE	m familiar with, and accept the oblig Signal and Speed or pointed name of regulated at OFFICE RS At				l signalure require	od whon relinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AN	DIBECTOR	RS IN 12
TITLE	V	DELETE	1,3 TITLE			7,007,07,07,07,07,07,07	THOU PAIN	Change	Addition
NAME.	BORCHECK, MICHAEL S	·	1.2 NAME						
STREET ADDRESS	201 N. NEW YORK AVE., SUI	TE 302	1.3 STREET	T AI	.DDRESS				
CITY-S1-ZiP	WINTER PARK FL 32789		1.4 D(TY - S	ST-	- ZIP				
TITLE	P	C DELETE	21 TITLE					Change	Additio
NAME	ROGERS, KIRVEN 2714 REW CIRCLE		2.2 NAME		}				
STREET ADDRESS	OCOEE FL 34761		2.3 STREET]				
City-St-Zip Title	V	DELETE	2.4 CITY- 3.1 TITLE	ST	- ZiP			Change	Additio
NAME	DEVINE, DAN		3.2 NAME					C Ontarigo	LI Mana
STREET ADDRESS	2710 REW CIR., SUITE 100		3.3 STREET	T AI	odress				
City-St-ZP	OCOEE FL 34761		3.4. CITY-	ST	-ZIP				
Tille	\$	☐ DELETE	4.1 TITLE					Change	Additio
NAME	COLBURN, DAVID		4. 2 NAME		}				
STREET ADDRESS	2710 REW CIR., SUITE 100 OCOEE FL 34761		4.3 STREET		1				
CITY-ST-ZIP	OUDE IL 34/61	DELETE	4.4 CITY-5	<u>\$1</u> -	- ZIP		·	Change	Lagging
TITLE NAME		☐ NETE IE	5.1 TITLE 5.2 NAME					Change	Addition
STREET ADDRESS			5.2 NAME 5.3 STREET		nneses				
CITY - S1 - 712			5.4 CITY - 8		1				
THE	The second section is a second section of the second section of the second section sec	☐ DELETE	6.1 TITLE					Change	Addition
NAM!			6.2 NAME						
STREET ADDRESS			6.3 STREET	T A	DDRESS				
CITY - ST - ZIP			6.4 CITY - S						
14. I do heret informatio I am an o appears i	by certify that the information supplied in indicated on this an Iual report or flicer or director of the corporation on Block 12 or Block 15 if changed, i	ed with this filing does not quali supplemental annual report is to or the receiver or trustee empower or open attachment with an add	ty for the exe rue and acc vered to exec dress	em ur cu	nption stated ate and that ite this report	in Section 119.07(3)(i), Florida Sta my signature shall have the same t as required by Chapter 607, Flori	tutes. I furthe legal effect a da Statutes;	er certify that is if made ur and that my	, the ider eath; thi name