

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

FILED
Jun 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000077756 (3)

1. Corporation Name

REHABILITATION TRAINING INSTITUTE, INC.

Principal Place of Business

Mailing Address

2710 REW CIR.
SUITE 100
OCOE FL 34761

2710 REW CIR.
SUITE 100
OCOE FL 34761

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1993

4. FEI Number

59-3211526

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

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

KIRVEN, ROGERS
2710 REW CIRCLE
SUITE 100
OCOE FL 34761

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME V
BORCHECK, MICHAEL S
STREET ADDRESS 801 N. NEW YORK AVE., SUITE 302
CITY- ST- ZIP WINTER PARK FL 32789

TITLE ☐ DELETE

NAME P
ROGERS, KIRVEN
STREET ADDRESS 2714 REW CIRCLE
CITY- ST- ZIP OCOEE FL 34761

TITLE ☐ DELETE

NAME V
DEVINE, DAN
STREET ADDRESS 2710 REW CIR., SUITE 100
CITY- ST- ZIP OCOEE FL 34761

TITLE ☐ DELETE

NAME S
COLBURN, DAVID
STREET ADDRESS 2710 REW CIR., SUITE 100
CITY- ST- ZIP OCOEE FL 34761

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

3000002576923

-07/01/98--01011--042

***150.00

14. I hereby certify that the information supplied with this filing 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:

407456 3445

CR2E034 (10/97)

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Rehabilitation Training Institute
2710 Rew Circle, Suite 100
Ocoee, FL 34761

Florida Department Of State
Annual Report Filings
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

June 18, 1998

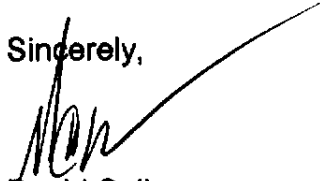
Dear Sir / Madame:

We just received this annual report back from the post office dead letter office. It apparently was sent to the wrong address and then returned to the post office. The post office then must have held it for some time prior to forwarding it to us. As you can see from the date on the original envelope this report was mailed on time.

We regret this error and hope you will forgive the late fee since we did make a sincere effort to file on a timely basis.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'DC' or 'D. Colburn', with a long, sweeping horizontal line extending to the right.

David Colburn