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 # P93000078389 (2)

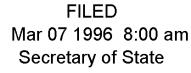
LINDA VEIGA NETWORK TRAINING, INC.

2535 WESTMINISTER TERRACE OVIEDO FL 32765

Principal Place of Business

Mailing Address

2535 WESTMINISTER TERRACE OVIEDO FL 32765





						3. Date Incorporated or Qualified 11/05/1993	3a. Dat	e of Last Re 04/21/1 9		
2. Principal Plac	ce of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	P	pplied For		
21		26	26			59-3208624			lot Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, et	Softe, Apt. #, etc			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added	to Fees	
Zip	Country Z·p		Cour	ntry		8. This corporation has liability for intangible tax under s. 199.032.				
4 25 29			30	30		Florida Statutes Yes No				
	9. Name and Address of (Current Registered Agent		24		10. Name and Address of New F	egistered	Agent		
				81	Name					
VEIGA,		ŀ	82	82 Street Address (P.O. Box Number is Not Acceptable)						
2535 W	/ESTMINISTER TERRACE									
OVIEDO) FL 32765			83	3					
			}	84	City			85 Zg	Code	
				"	Ony		Fl	_	. 0000	
familiär with SIGNATURE	a, and accept the obligations of	f, Section 607.0505, Florida Sta	(NOTE Residend			and of directors. Thereby accept the app	DATE.			
12.	OFFICE	RS AND DIRECTORS	13.	13.		ADDITIONS/CHANGES TO OFF	ICERS AN			
TILLE	D	☐ DESETE	☐ DELETE 1.11					Change	Addition Addition	
NAME	veiga, linda		12 N ^a	ME						
STREET ADDRESS	2535 WESTMINSTER	TERRACE	13SI	PEET.	ADDRESS					
CITY-ST-ZIP	OVIEDO FL 32765		140	1¥ - \$1	I - 719					
TIFLE	[] DELETE		2 1 11	IT.E				☐ Change	☐ Addition	
NAME			2 2 N	WF						
STREET ADDRESS			2 3 S ¹	H581	ADDRESS					
CITY-ST-ZIP			2.4.01	IY-SI	I - ZIP					
T. T(F		Date 16	3 1 1	IILE				Change	Addition	
NAMÉ			3.2 N	11.1	!					
STREET ADDRESS			33 S	I BEAT	AUDRESS					
CITY - ST - ZIF			340	IY-5	1 - 7iP					
TITLE		DELETE	4 1 1	ILE	1			Change	Addition	
NAME			4.2 No	AME						
STREET ADDRESS			4381	IRELT	ADDRESS					
CITY-SI-ZIP				TY - S	r Z.P					
TILE		DELETE	5 1	ITLE				Change	Addition	
NAME			5.2 N	AME						
STREET ADDRESS			53.51	THEET	ADDRESS					
CITY - ST - ZIP			5.4 CI	11Y - S	1 - ZIP					
THUE		☐ DELETI	611	IILE				Change	☐ Addition	
NAME			6.2 N	AME						
STREET ADDRESS			638	18EEF	ADOFESS					
CiTY-SI-ZiP			640	HY S	I ZIF					
	certify that the information su	pplied with this filing is voluntari				for the exemption stated in Section 119	.07(3)(k), F	lorida Statul	es. I further	

4. Too hereby cert y 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 early; that I am an officer or director of the comporation 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 of on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FICER OR DIRECTOR

3/2/76

(407)365-7779