

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 # P93000080004 (3)

1. Corporation Name

~~LAST CALL, INC.~~

ACADEMY FOR PROFESSIONAL BARTENDING, INC.

Principal Place of Business

124 ROBIN ROAD
SUITE 1400
ALTAMONTE SPRINGS FL 32701

Mailing Address

124 ROBIN ROAD
SUITE 1400
ALTAMONTE SPRINGS FL 32701

NIC 4-22-96



3. Date Incorporated or Qualified
11/18/1993

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LABRET, STEVEN
501 NORTH MAGNOLIA AVE.
ORLANDO FL 32801

81 Name JODY GINGOLD (SELBO)

82 Street Address (P.O. Box Number is Not Acceptable)
124 ROBIN RD SUITE 1400

83 ALTAMONTE SPRINGS

84 City

FL 85 Zip Code 32701

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *Jody Gingold*

JODY GINGOLD, President

4-25-96

Signature typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SELBO, JODY L.
STREET ADDRESS 10151 CHESHAM DRIVE
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME JODY GINGOLD
1.3 STREET ADDRESS 124 ROBIN ROAD SUITE 1400
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE: *Jody Gingold*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JODY GINGOLD Pres. 4/25/96 (402) F31-2233

Date

Corporate Phone #

CR2E034 (12/95)