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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000084367 (0)

1. Corporation Name:
APS TRAINING CENTERS, INC.



Principal Place of Business

15495 EAGLE NEST LANE, #130
MIAMI LAKES FL 33014

Mailing Address

15495 EAGLE NEST LANE, #130
MIAMI LAKES FL 33014-2242

3. Date Incorporated or Qualified
12/03/1993

3a. Date of Last Report
10/07/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

65-0454920

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

WACHTEL, CHERYL
15495 EAGLE NEST LANE, #130
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

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

TITLE D
NAME WACHTEL, SAMUEL
STREET ADDRESS 15495 EAGLE NEST LANE, #130
CITY- ST- ZIP MIAMI LAKES FL 33014

TITLE D
NAME WACHTEL, CHERYL
STREET ADDRESS 15495 EAGLE NEST LANE, #130
CITY- ST- ZIP MIAMI LAKES FL 33014

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/V/
1.2 NAME WACHTEL, SAMUEL
1.3 STREET ADDRESS 15495 EAGLE NEST LANE, #130
1.4 CITY- ST- ZIP MIAMI LAKES, FL 33014

2.1 TITLE D/P/S/T
2.2 NAME WACHTEL, CHERYL
2.3 STREET ADDRESS 15495 EAGLE NEST LANE, #130
2.4 CITY- ST- ZIP MIAMI LAKES, FL 33014

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

14. I do 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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl Wachtel Cheryl Wachtel 4/3/97 (305)556-3040

Date Daytime Phone #

CR2E034 (9/96)