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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000084367 (0)

APS TRAINING CENTERS, INC.

FILED Mar 19 1998 8:00am Secretary of State

THE CONTINUE OF THE PARTY OF TH											
Principal Place of Business Mailing Address										-{	
,	15495 EAGLE NEST LANE. #130 15495 EAGLE NEST LAN						NE #130	F #130			
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014								x 144			DO NOT WOITE IN THE COLOR
											DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
											12/03/1993
2.	2. Principal Place of Business					2a. Mailing Address					4. FEI Number Applied For
21			26	+ 11 +						65-0454920 Not Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.						5. Certificate of Status Desired	
City & State				City & State						6. Election Campaign Financing \$5.00 May Be	
23	7in Country			28	· · · · · · · · · · · · · · · · · · ·					Trust Fund Contribution Added to Fees	
24	Zip Country			20	7ip Country 30					This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24 [25] [26] [30] 9. Name and Address of Current Registered Agent						gent	[30]	1			10. Name and Address of New Registered Agent
	W							B1	Name		1
	WACHTEL, CHERYL 15495 EAGLE NEST LANE, #130							Red Count Address (D.C. Deu Al-unbes le Mat Assessable)			
MIAMI LAKES FL 33014								82	Street Addres		ess (P.O. Box Number is Not Acceptable)
	•							83			
								84	City		85 Zip Code
								1	-		FL 1
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 recoffice 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 registagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE											
Signature, typed or printed name of registered agont and life if applicable (NOTE: Re								d Age	ni signature	pariupar	ed when reinstating) DATE
12		NI	OFFICER	S AND DIRE	CIORS	DELETE	13.	171.5		Γ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
	NAME WACHTEL, SAMUEL										Change Addition
STREET ADDRESS 15495 EAGLE NEST LANE, 4			NE #120	130			1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP MIAMI LAKES FL			IL, WISC				1.4 CITY-ST-ZIP				
TITE		DPST	DILLO I L			DELETE	2.1 T		1-44	 	☐ Change ☐ Addition
NAI	HAME WACHTEL, CHERYL							2.2 NAME		ŀ	•
STR	STREET ADDRESS 15495 EAGLE NEST LANE, #1			NE, #130	2.3.5			2.3 STREET ADDRESS		1	
CITY-ST-ZIP MIAMI LAKES FL							2. 4 CITY-ST-ZIP				
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NAJ							3.2 N	AME			
STREET ADDRESS						TREET	ADDRESS	ĺ			
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	EET ADDRESS								ADDRESS		
	Y-ST-2#P							ITY-SI			
TITL						DELETE	6.1 T		. 211	 -	☐ Change ☐ Addition
NAA]						6.2 N				
	EET ADORESS						1		ADDRESS :		
	Y-ST-ZIP				•			6.4 City-St-ZiP			
		ertify that the	naus notemation supp	ied with this	filing doe	s not dualify				d in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information

Block 12 or Block 13 if changed, or an invalid and address.

SIGNATUR