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FILED

Mar 04 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 # P94000027456 (0)

1. Corporation Name:

TRAINING CONNECTION OF CENTRAL FLORIDA, INC.



Principal Place of Business

600 NORTH THACKER AVE.  
SUITE B8  
KISSIMMEE FL 34741

Mailing Address

600 NORTH THACKER AVE.  
SUITE B8  
KISSIMMEE FL 34741-4892

3. Date Incorporated or Qualified

04/08/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 2398 Eagle Trace Dr.

Suite, Apt. #, etc.

22

City & State

23 Kissimmee FL

Zip

24 34746

Country

25 Osceola

2a. Mailing Address

26 2398 Eagle Trace Dr.

Suite, Apt. #, etc.

27

City & State

28 Kissimmee FL

Zip

29 34746

Country

30 Osceola

4. FEI Number

59-3239776

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

SUKOWSKI, LINDA L  
600 NORTH THACKER AVENUE  
SUITE B8-  
KISSIMMEE E FL 34741

same as above

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 of individual or person name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

D  
NAME SUKOWSKI, LINDA L  
STREET ADDRESS 600 N. THACKER AVE., SUITE B8  
CITY-ST-ZIP KISSIMMEE FL 34741

see above

2. TITLE ☒ DELETE

S  
NAME DESOTO, PAULA R  
STREET ADDRESS 600 N. THACKER AVE., SUITE B8  
CITY-ST-ZIP KISSIMMEE FL

3. TITLE ☐ DELETE

4. TITLE ☐ DELETE

5. TITLE ☐ DELETE

6. TITLE ☐ DELETE

7. TITLE ☐ DELETE

8. TITLE ☐ DELETE

9. TITLE ☐ DELETE

10. TITLE ☐ DELETE

11. TITLE ☐ DELETE

12. TITLE ☐ DELETE

13. TITLE ☐ DELETE

14. TITLE ☐ DELETE

15. TITLE ☐ DELETE

16. TITLE ☐ DELETE

17. TITLE ☐ DELETE

18. TITLE ☐ DELETE

19. TITLE ☐ DELETE

20. TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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:

Linda Sukowski  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97 407-846-8119  
Date Daytime Phone #

CR2E034 (9/96)