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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000044132 (6)

APPLIED BUSINESS LEARNING INSTITUTE, INC.

Principat Place	e of Business	Mailing Address	Mailing Address				T HORITORY THE HOTEL BEING BOTH BOTH BOTH BOTH GROUP GIROL BIODD TRUE INDI				
255 S. ORANGE	E AVE.	255 S. ORANGE AVE.	6TH FLOOR								
6TH FLOOR											
ORLANDO FL 3	12901	ORLANDO FL 32801-3445	ORLANDO FL 32801-3445				2 Data Incorporated or Qualific	l lan Dal	e of Last	Bannat 1	
							 Date Incorporated or Qualified 06/08/1994 		6/1996	'	
	lace of Business	2a. Mailing Address					4. FEI Number		-	Applied For	
21			26							lot Applicable	
Suite, Apt.	#, Q(C.	Suite, Apt. #, etc.	Suite, Apr. #, etc.				5. Certificate of Status Desired			Additional Required	
City & State		City & State					& Election Compaign Financian				
23	.,		28				Election Campaign Financing Trust Fund Contribution	П	\$5.00 May Be Added to Fees		
Zip	Country Zip			Country			8. This corporation has liability for				
24	25	29	30				Florida Statutes] No	u. 100.002,	
	9. Name and Address of Current Registered Agent						10. Name and Address of New I	Registered A	gent	······································	
PINO), LAURENCE J		[81	Nam	10					
255 S. ORANGE AVE.				82 Street Address (P.O. Box Number is Not Acceptable)				ahla)			
	FLOOR		QUI SHOOK AC			ot ridaros.	s trio. Box Hombor is Hot Necop	uoic,			
	ANDO FL 32801		[83							
			-	84	City				les l	Code	
			[07	City			FL	85 Zip	Code	
11. Pyrsuant I	to the provisions of Sections 607.	0502 and 607.1508, Florida Statut	es, the ab	OVE	∍name	ed corpora	ation submits this statement for the	e purpose of	changing	its registered	
office of re agent. Lai	egistered agent, or both, in the S rn familiar with, and accept the o	itate of Florida. Such change was bligations of, Section 607,0505, Fl	authorized orida Statu	ı by Ites	i the co 3.	orporation	is board of directors. I hereby acc	cept the appo	intment a	is registered	
SIGNATURE.	·	_									
	Styriature, typed or printip name of registere			Age	nt signali	lure required v	when reinstating)	DATE			
12.	······································	AND DIRECTORS	13.				ADDITIONS/CHANGES TO OF				
TITLE	PDT	☐ DELETE	1.1 TITL						Change	L_J Addition	
NAME	PINO, LAURENCE J	TILE: 00B	1.2 NAI								
STREET ADDRESS	255 S. ORANGE AVE., #6	TH FLOOR	1.3 STF	REET.	ADDRESS	S					
CITY ST-ZIP	ORLANDO FL 32801	De eve	1.4 C(T		r-zip						
TILLE	\$	☐ DELETE	2.1 TITLE					- 1	Change	Addition	
NAME	WILSON, PATRICIA T	TUELOOD	2 2 NAME								
STREET ADDRESS	255 S. ORANGE AVE., #6	IN PLOOK			ADDRESS	s					
CITY SI ZE	ORLANDO FL 32801	DELETE		2. 4 C/TY - ST - Z/P 3.1 T/TLE					Channa	Addition	
THEE				3.1 HILE 3.2 NAME			·		Change	L' MONORI	
NAME CAUCA A ASSOCIATION					LODGE	.					
STHEET ADDRESS			1		ADDRESS	8					
CITY+ST-ZIP THRE		☐ DELETE	3.4. CIT		11 - (1P				Change	Addition	
NAME			4 2 NA						— வங்கே	- YOURDOR	
STREET ADDRESS					ADDRESS						
						2					
CITY ST ZIP	FOR THE STATE OF THE SECTION ASSESSMENT OF T	DELETE	4.4 CIT 5.1 TITI		1-214			i	Change	☐ Addition	
NAME]		5.1 IIII 52 NA						vikilge	CT MOOROL	
STREET AGORESS					ADDRESS						
						Ν .					
CITV+ST-ZIP TITLE		☐ DELETE	5 4 CIT 6 1 TIF		1 - ZIP	+			Change	Addition	
NAMŁ		La Deceile							vilaligo		
i I			62 NA		ADDOCO						
STHEET ADDRESS					ADDRESS	99					
14. I do heret	by certify that the information sub	plied with this filing does not quat	64 Cit fy for the s			n stated in	Section 119.07(3)(i). Florida Stati	ites. I further	certify the	at the	

SIGNATURE:

appears in Block 12 or Block

information indicated on this annual in I am an officer or director of the europaration

or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that for the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Apr 04 1997 8:00am

Secretary of State