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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000063655 (2)

1. Corporation Name

JADE TRAINING, INC.



Principal Place of Business

Mailing Address

931 STATE RD 434, 1201-362
ALTAMONTE SPRINGS FL 32714

931 STATE RD 434, 1201-362
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified
08/25/1994

3a. Date of Last Report
06/12/1995

2. Principal Place of Business

2a. Mailing Address

21 931 STATE RD 434

26 931 STATE RD 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1201-185

27 1201-185

City & State

City & State

23 ALTAMONTE SPRINGS

28 ALTAMONTE SPRINGS

Zip

Zip

24 FL

29 FL

Country

Country

25 32714

30 32714

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOBBS, JACQUELINE A
5 SYCAMORE COURT 205
WINTER SPRINGS FL 32708

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 officer or director

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PRES

☐ DELETE

NAME

TAGGART, DINA

STREET ADDRESS

931 SR 434 1201-E362

CITY - ST - ZIP

ALTAMONTE SPRINGS FL

TITLE

V

☐ DELETE

NAME

KORTBEIN, KIM

STREET ADDRESS

7402 GOLDENPOINTE BLVD 201

CITY - ST - ZIP

ORLANDO FL

TITLE

I

☐ DELETE

NAME

MAUDLIN, MARY

STREET ADDRESS

1202 LAKE PIEDMONT CIRCLE

CITY - ST - ZIP

APOPKA FL

TITLE

S

☐ DELETE

NAME

HOBBS, JACQUELINE A

STREET ADDRESS

5 SYCAMORE COURT 205

CITY - ST - ZIP

WINTER SPRINGS FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

407 660 8900

CR2E034 (12/95)