

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90109 012 \*\*\*158.75

DOCUMENT # P94000086622

1. Corporation Name  
BEYOND TRAINING, INC.

Principal Place of Business  
8590 TOURMALINE BLVD  
BOYNTON BEACH FL 33437  
US

Mailing Address  
6617 W BOYNTON BEACH  
SUITE 117  
BOYNTON BEACH FL 33437  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/28/1994

4. FEI Number  
65-0537280 correct  
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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 10068 Cedar Point BVD  
Suite, Apt. #, etc.  
22 #302  
City & State  
23 Boynton Beach, FL  
Zip  
24 33437 Country  
25 USA  
2a. Mailing Address  
26 10068 Cedar Point BVD  
Suite, Apt. #, etc.  
27 #302  
City & State  
28 Boynton Beach, FL  
Zip  
29 33437 Country  
30 USA

9. Name and Address of Current Registered Agent

MARKS, MELANIE L  
8590 TOURMALINE BLVD  
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name  
Melanie L. Marks  
82 Street Address (P.O. Box Number is Not Acceptable)  
10068 Cedar Point BVD #302  
83  
84 City  
Boynton Beach FL 85 Zip Code  
33437

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	MMARKS, MELANIE	6617 W BOYNTON BCH BLVD #117	BOYNTON BEACH FL	<input type="checkbox"/>
V	GINSBURG, KENNETH S	6617 W BOYNTON BCH BLVD #117	BOYNTON BEACH FL	<input type="checkbox"/>
S	MARKS, SUSAN C	5905 NW 97TH DR	PARKLAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		10068 Cedar Point Blvd #302	Boynton Beach, FL 33437	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		10068 Cedar Point Blvd #302	Boynton Beach, FL 33437	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		10068 Cedar Point Blvd #302	Boynton Beach, FL 33437	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I 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, with all other like empowered.

SIGNATURE: Melanie L. Marks (Melanie L. Marks) 4/30/99 561-731-2092  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)