

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

97 AUG 22 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P94000088091 (1)

1. Corporation Name
INNFIELDS TRAINING CENTER, INC.

REINSTATEMENT *90-97*



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| Principal Place of Business 6080 ULMERTON ROAD CLEARWATER FL 33520 | Mailing Address 6080 ULMERTON ROAD CLEARWATER FL 33520 |
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|---|--|
| 3. Date Incorporated or Qualified 12/05/1994 | 3a. Date of Last Report 10/16/1995 |
| 4. FEI Number 59-3305178 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 21. Principal Place of Business Suite, Apt. #, etc. | 22. Mailing Address Suite, Apt. #, etc. |
| 23. City & State | 27. City & State |
| 24. Zip | 25. Country |
| 28. Zip | 30. Country |

9. Name and Address of Current Registered Agent

**MAGRAY, ROBERT W
6080 ULMERTON ROAD
CLEARWATER FL 33520**

10. Name and Address of New Registered Agent

| | |
|----------|---|
| 81. Name | 82. Street Address (P.O. Box No. and Address) |
| 83. City | 85. Zip Code |

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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: *Robert Magray* (Signature of principal name of registered agent and title if applicable) / *Robert Magray* (NOTE: Registered Agent's signature required when reinstating) / *8/14/97* (DATE)

12. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD MAGRAY, ROBERT W 6080 ULMERTON ROAD CLEARWATER FL 33520 | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

C. Alan
8/22/97

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 617, Florida Statutes; and that my name appears in Block 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Magray* (Signature of signing officer or director) / *Robert Magray* (Name of signing officer or director) / *President* (Title of signing officer or director)

CR2E034 (3/96)