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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000089973 (9)

KW PUBLISHING AND COMPUTER TRAINING, INC.

Principal Plac	e of Business	Mailing Address		I JOBINGON JIO NONKA WIONY DOKKA GORSIN N	DIN DOIDT IBRU LOSIA ABUT IBBUR 1164 ADU
2194 MAIN STREET 2		2194 MAIN STREET			
∌K		K		TICH TO A CO	T IN THIS COACE
		DUNEDIN FL 34698 US		3. Date Incorporated or Qualified	E IN THIS SPACE
) 03		U3		12/12/1994	
2. Principal P	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
L. ** _ /	2 Main Street		in Street	59-3288738	Not Applicable
Suite, Apt		Suite, Apt #, etc.			\$8.75 Additional
22 201		27 201		5. Certificate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 N CC	ocain FL	28 Dunedin	rh_	Trust Fund Contribution	Added to Fees
Zip Co	Country	7ip 24. 40	Country	8. This corporation owes or has p	
24	9. Name and Address of Curren	29 34698 3	0 USPS	Personal Property Tax due Jun 10. Name and Address of New R	
1410		r magneton wholk	81 Name	IV. Halle and Address of New A	aBiototon Whong
TORRINA, JAMES J					
13432 ANDOVA DRIVE LARGO FL -84644 ろろうさり			82 Street Ad	dress (P.O. Box Number is Not Accepta	ible)
04	960 FL 4464 333344		83		
ŀ					
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above-named co	orporation submits this statement for the	purpose of changing its registered
office or r	registered agent, or both, in the State	of Florida, Such change was aut	horized by the corpor	ration's board of directors. I hereby acco	opt the appointment as registered
	The same that, and accept the conge		da diaratos.		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title it applicable (NOTE F	Registered Agent signature req	quired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	P	☐ DELETE	1.1 TITLE		Change
NAME	SCOTT G. KELBY		1.2 NAME	-	
STREET ADDRESS	2194 MAIN STREET #K		1.3 STREET ADDRESS	711 Wild Plower	24.00
CITY-ST-ZIP	DUNEDEN FL	- I provede		Ram Harbor FL	
TITLE	V	☐ DELETE	21 TITLE		Change Addition
NAME	JAMES J. WORKMAN		2.2 NAME		
STREET ADDRESS	13432 ANDOVA DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	- Dourt	2. 4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE	ICAN A MENDON	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JEAN A. KENDRA		3.2 NAME		
STREET ADDRESS	13432 ANDOVA DR. LARGO FL		3.3 STREET ADDRESS		+
CITY-ST-ZIP TITLE	S LANGU FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME !	KALEBRA, KELBY	LT DELETE			-COMMUNICATION NOTIFICATION
NAME STREET ADDRESS	NALEDNA, NELDT 2194 MAIN ST. #K		4.2 NAME 4.3 STREET ADDRESS	7 th	
۱ · · · · ۱	DUNEDIN FL		4.3 STREET ADDRESS	711 WILGFLOWER FL	34683
CITY-ST-ZIP FITLE	DOMEDIA I E	DELETE	4.4 CITY-ST-ZIP 3	IAIM ITAL DOT FL	Change Addition
NAME		□ otttit	5.2 NAME		E onlingo E notifoli
			I .		
STREET ADDRESS			5.3 STREET ADDRESS		\
CITY-ST-ZIP TITLE		DELETE	54 CITY-ST-ZIP 61 TITLE		Change Addition
NAME		C. J DECERT	6.2 NAME		En change En reduition
(NAME			O'C DEVANE		

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.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

san a Kerlia II Clan A Kendra

3/30/98 813-783-6223

FILED

Apr 20 1998 8:00am

Secretary of State

CR2E034 (10/