

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # *P95000010936*
1. C

INDIVIDUALIZED TRAINING SERVICES INC.

Principal Place of Business

Mailing Address

*3150 NE 36TH AVE #542 (SAME)
OCALA, FL 34479*

3. Date Incorporated or Qualified
1.23.95

3a. Date of Last Report
4.15.96

2. Principal Place of Business
21 *3150 NE 36TH AVE*

2a. Mailing Address
26 *3150 NE 36TH AVE*

4. FEI Number
59-9293816

Applied For
Not Applicable

Suite, Apt. #, etc.
22 *#542*

Suite, Apt. #, etc.
27 *#542*

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
23 *OCALA, FL*

City & State
28 *OCALA, FL*

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip
24 *34479*

Country
25 *MARIAN*

Zip
29 *34479*

Country
30 *MARIAN*

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*ANTHONY A. SANTANIELLO
3150 N.E. 36TH AVE #542
OCALA, FL 34479*

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Anthony A. Santaniello
Signature, typed or printed name of registered agent and title if applicable.

Pres
(NOTE: Registered Agent signature required when resigning)

DATE

4-25-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *President* ☐ DELETE
NAME *ANTHONY A. SANTANIELLO*
STREET ADDRESS *3150 NE 36TH AVE #542*
CITY-ST-ZIP *OCALA FL 34479*

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE *SECRETARY* ☐ DELETE
NAME *BARBARA A. SANTANIELLO*
STREET ADDRESS *3150 NE 36TH AVE #542*
CITY-ST-ZIP *OCALA FL 34479*

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE *Vice PRESIDENT* ☐ DELETE
NAME *RICHARD C. SANTANIELLO*
STREET ADDRESS *157 BORDEN AVE*
CITY-ST-ZIP *JOHNSTON RI 02919*

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE *Vice PRESIDENT* ☐ DELETE
NAME *DAVID A. SANTANIELLO*
STREET ADDRESS *5423 FORREST DR*
CITY-ST-ZIP *HOLLYWOOD FL 33081*

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

Anthony A. Santaniello
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 4-25-96

5423513106

Date

Daytime Phone #

CR2E034 (12/95)