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.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000029556 (4)**

1. Corporation Name
ADVANCED TRAINING METHODS, INC.

Principal Place of Business	Mailing Address
~~1105 THERESA ST~~ 900 Weir St. ~~STUART FL 34996~~ STuart, Fla. 34994	~~1105 THERESA ST.~~ 900 Weir St. ~~STUART FL 34996~~ STuart, Fla. 34994

2. Principal Place of Business
21: 900 Weir St.
22: Suite, Apt. #, etc
23: City & State: STuart, Fla
24: Zip: 34994 25: Country: USA

2a. Mailing Address
26: 900 Weir St.
27: Suite, Apt. #, etc
28: City & State: STuart, Fla.
29: Zip: 34994 30: Country

3. Date Incorporated or Qualified: 04/14/1995
3a. Date of Last Report:
4. FEI Number: 65-0592344 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PYNE, LAURA J
~~1105 THERESA STREET~~
~~STUART FL 34996~~
900 Weir St
STuart, Fla.
34994

10. Name and Address of New Registered Agent
81 Name: Pyne, Laura J.
82 Street Address (P.O. Box Number is Not Acceptable): 900 Weir St.
83
84 City: STuart **FL** 85 Zip Code: 34994

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: Laura J. Pyne (Signature of new registered agent, if changing) (Name of New Registered Agent, Typed or Printed, if changing) (New Registered Agent's Signature, required when filing) DATE: 7/29/96

12. OFFICERS AND DIRECTORS

TITLE	PTSD	☐ DELETE
NAME	PYNE, LAURA J	
STREET ADDRESS	~~1105 THERESA ST~~ 900 Weir St	
CITY-ST-ZIP	~~STUART FL 34996~~ STuart, Fla. 34994	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Laura J. Pyne 7/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #