

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000033525**
1. Corporation Name
VTC TESTING CENTER OF ORLANDO NORTH, INC.

Principal Place of Business
**1265 S. SEMORAN BLVD.
SUITE 1201
WINTER PARK, FL. 32792**

Mailing Address
**1265 S. SEMORAN BLVD.
SUITE 1201
WINTER PARK, FL. 32792**

| | | | |
|--------------------------------|------------------------|---|-----------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | 3a. Date of Last Report |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 593311985 | 4/28/95 |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired | Applied For Not Applicable |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution | \$8.75 Additional Fee Required |
| 24 Country | 29 Country | 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes | \$5.00 May Be Added to Fees |
| 25 | 30 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANTHONY LASCH
4406 BRIDGEWATER DR.
ORLANDO, FL. 32817**

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

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 |
| NAME | STREET ADDRESS |
| CITY - ST - ZIP | |
| TITLE | NAME |
| NAME | STREET ADDRESS |
| CITY - ST - ZIP | |
| TITLE | NAME |
| NAME | STREET ADDRESS |
| CITY - ST - ZIP | |
| TITLE | NAME |
| NAME | STREET ADDRESS |
| CITY - ST - ZIP | |
| TITLE | NAME |
| NAME | STREET ADDRESS |
| CITY - ST - ZIP | |

| 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 | |

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***200.00**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY LASCH, PRES

Date

Daytime Phone #

4/29/96 407-679-1101

CR2E034 (12/95)