

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90068 014 ***150.00

0082107

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1995

4. FEI Number

59-3311985

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1015 E. SEMORAN BLVD.

Suite, Apt. #, etc.

22 SUITE 213

City & State

23 CASSELBERRY, FL.

Zip

24 32707

Country

25 U.S.A.

2a. Mailing Address

26 1015 E. SEMORAN BLVD.

Suite, Apt. #, etc.

27 SUITE 213

City & State

28 CASSELBERRY, FL.

Zip

29 32707

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

LASCH, ANTHONY
1265 S. SEMORAN BLVD.
STE. 1201
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name

ANTHONY LASCH

82 Street Address (P.O. Box Number is Not Acceptable)

1015 E. SEMORAN BLVD.

83 SUITE 213

84 City CASSELBERRY

FL

85 Zip Code 32707

11. Pursuant to the provisions of Sections 607.0502 and 607.1506 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 date if applicable.

ANTHONY LASCH, PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME LASCH, ANTHONY

STREET ADDRESS 1265 S. SEMORAN BLVD., SE. 1201

CITY-ST-ZIP WINTER PARK FL 32792

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 PST ☐ Change ☐ Addition

1.2 NAME LASCH, ANTHONY

1.3 STREET ADDRESS 1015 E. SEMORAN BLVD, SUITE 213

1.4 CITY-ST-ZIP CASSELBERRY, FL. 32707

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE OF ANTHONY LASCH

4/30/99

407-678-1101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)