## 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 # P95000041055 (1)

COMMUNICATION TRAINING SYSTEMS, INC.

## FILED Feb 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
125 DELMAR STREET 125 DELMAR STREET						
MELBOURNE BEACH FL 32951		MELBOURNE BEACH FL 32951			DO NOT INDITE IN T	110 00 A OF
					3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE
					, · · · · · · · · · · · · · · · · · · ·	
9 Principal Pic	ace of Business	2a. Mailing Address			05/22/1995 4. FEI Number	Applied For
21 PHICIPATE	ave or Business	26			59-3326868	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional
<del></del>		<del></del>	27		5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		26		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	1	8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes 🔀 No
	9. Name and Address of Cui	rrent Registered Agent		,	10. Name and Address of New Register	ed Agent
DO	NOVAN, DEON P		81	Name		
125 DELMAR STREET				Street	Address (P.O. Box Number is Not Acceptable)	
MELBOURNE BEACH FL 32951					· · · · · · · · · · · · · · · · · · ·	
			83			
			84	City	, , , , , , , , , , , , , , , , , , , ,	85 Zip Code
			"	Only	f	-L   3   Zip code
11. Pursuant to	o the provisions of Sections 607.	0502 and 607.1508, Florida Statute	s, the abov	e-named	corporation submits this statement for the purpos	e of changing its registered
office or re agent. I an	e <b>gistered</b> agent, or both, in the Si n <b>fam</b> itiar with, an <b>d</b> accept the ob	tate of Florida. Such change was au oligations of, Section 607.0505, Flor	utnorizeo bi ida Statute	y tne corp s.	poration's board of directors. I hereby accept the	appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered	agent and title if applicable (NOTE:	Registered Ag	ent signature	required when rainstating) DA	E
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE		P/T	Change  Addition
NAME	Donovan, Patrick W		1.2 NAME		·	
STREET ADDRESS	125 DELMAR STREET		1.3 STREET	ADDRESS !		
CITY-ST-ZIP	MELBOURNE BEACH FL		1.4 City - 9	ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		V/3	Change L. Addition
NAME	DONOVAN, DEON P		2.2 NAME			
STREET ADDRESS	125 DELMAR STREET		2 3 STREET	ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL		2.4 CITY-	ST-ZIP		
TITLE	DELETE		31 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET	ADDRESS		
CITY-ST-ZIP		- Deserte	3 4. CITY-	ST-ZIP		Channa T 42 m
TITLE		☐ DELETE	4.1 TITLE			L. Change L. Addition
NAME			4 2 NAME			
STREET ADDRESS			4 3 STREET			
CITY-ST-ZIP		Fonete	4.4 CITY-5	ST-ZIP		Change   Addition
TITLE		L. DELETE	51 THILE			☐ Change ☐ Addition
NAME			52 NAME			
STREET ADDRESS			53 STREET			
CITY-ST-ZIP		T DELETE	5.4 C(TY-S	ST-ZIP		Change Addition
TITLE		☐ DELETE	61 HILE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STAFET			
CITY-ST-ZIP	artific that the information assurable	d with this filling does not exist.	64 CITY-9		od in Section 119.07(3Vi) Florida Statutos I furthe	y carlify that the information
Indicated of	on this annual report or suppleme	ental annual report is true and accu	rate and th	at my sig	ed in Section 119.07(3)(i), Florida Statutes. I furthe mature shall have the same legal effect as if mad	e under oath; that I am an
officer or o	firector of the corporation or the or Block 13 if changed, or on an a	receiver or trustee empowered to e.	xecute this	report as	s required by Chapter 607, Florida Statutes; and the	at my name appears in
<u> </u>	Dissir to it strainged, or off after	) controlle that all address.				