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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000058016 (3)**

1. Corporation Name

PERCEPTIONS TRAINING INTERNATIONAL INC.

Principal Place of Business	Mailing Address
11930 MENOUL NE SUITE 114 ALBUQUERQUE NM 87112	11930 MENOUL NE SUITE 114 ALBUQUERQUE NM 87112

3. Date Incorporated or Qualified: 07/26/1995

3a. Date of Last Report:

4. FEI Number: 65-0600271 — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired: [X] **$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 [XX] No

2. Principal Place of Business	2a. Mailing Address
21 4400 N. Federal Hwy	26 4400 N. Federal Hwy
Suite, Apt. #, etc. 22 210-4	Suite, Apt. #, etc. 27 210-4
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip / Country 24 33431 / 25 Palm Beach	Zip / Country 29 33431 / 30 Palm Beach

9. Name and Address of Current Registered Agent

FELBERBAUM, RICK S
1200 N FEDERAL HWY
SUITE 320
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARBER, DENISE L 11930 MENOUL NE SUITE 114 ALBUQUERQUE NM 87112	[ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	[XX] Change [ ] Addition 2201 Banyan Road Boca Raton, FL 33432	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Greer ~~GARBER~~, SUSAN L 11930 MENOUL NE SUITE 114 ALBUQUERQUE NM 87112	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SUSAN GREER [XX] Change [ ] Addition % Perceptions Training International, Inc. 4400 N. Federal Hwy, Ste. 210-4 Boca Raton, FL 33431	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARBER, STEPHEN E 11930 MENOUL NE SUITE 114 ALBUQUERQUE NM 87112	[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	[XX] Change [ ] Addition 2201 Banyan Road Boca Raton, FL 33432	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIDER, ROBERT B 11930 MENOUL NE SUITE 114 ALBUQUERQUE NM 87112	[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	[XX] Change [ ] Addition 5720 Table Top Court Boulder, CO 80301	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition	

CR2E034 (12/95)

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: Denise L. Garber (President) DATE (407) 361-0440 or (407) 394-0894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Denise L. Garber, President and Director
Daytime Phone