

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000058016 (3)

1. Corporation Name

PERCEPTIONS TRAINING INTERNATIONAL INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 499 E PALMETTO PARK RD STE 220 BOCA RATON FL 33431 US		Mailing Address 499 E PALMETTO PARK RD STE 220 BOCA RATON FL 33431 US	
2. Principal Place of Business 21 3200 N. FEDERAL HWY. Suite, Apt. #, etc. 22 Suite 105 City & State 23 BOCA RATON, FL Zip 24 33431		2a. Mailing Address 25 3200 N. FEDERAL HWY. Suite, Apt. #, etc. 27 Suite 105 City & State 28 BOCA RATON, FL Zip 29 33431	
Country 25 USA		Country 30 USA	

3. Date Incorporated or Qualified

07/26/1995

4. FEI Number

65-0600271

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBER, DENISE L	1.2 NAME	
STREET ADDRESS	2201 BANYAN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, SUSAN	2.2 NAME	
STREET ADDRESS	4400 N FEDERAL HWY SUITE 210-4	2.3 STREET ADDRESS	2556 CLERMONT Street
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	DENVER, CO 80207
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBER, STEPHEN E	3.2 NAME	
STREET ADDRESS	2201 BANYAN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDER, ROBERT B	4.2 NAME	
STREET ADDRESS	5720 TABLE TOP COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOULDER CO	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

[Signature] 15 Jan 1998 561-347-7300

CR2E034 (10/97)