Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90053 003 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000058016

1. Corporation	TIONS TRAINING INTERNAT	TIONAL INC.		1		
, chock	TOTO THAIRMAN INTERNAT	MOTO E INO		. (1821/1821   118 1818) 80/11 88/11 88/11 88/11 8	1181 1181 1181 1181 1181 1181 1181 118	
·						
Principal Place	e of Business	Mailing Address	<del></del>			
3200 N FEDERAL HWY 3200 N FEDERAL HWY						
STE 105 105				DO NOT WRITE IN T	HIS SPACE	
BOCA RATON FL 33431 BOCA RATON FL 33431 US US				3. Date Incorporated or Qualifed		
				07/26/1995		
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied Fo	or	
21		26		65-0600271	Not Applic	cable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		a Continue of Status Desired	\$8.75 Additions	ıal
22		27	** .	5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
23		28	···	Trust Fund Contribution	Added to Fees	$\longrightarrow$
Zip	Country	Zip	Country	8. This corporation owes the current year		1
24	25	29 30	)	Personal Property Tax.		-
	9. Name and Address of Curren	t Registered Agent	81 Name O	10. Name and Address of New Register		
FELE	BERBAUM, RICK S		7	TEPHEN E. GARB	E K	
1200 N FEDERAL HWY			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
SUITE 320			83 0			
	A RATON FL 33432		Sui	te 105		
1	,		84 City B		FL 85 33 493	1
11, Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statutes,	the above-named corp	poration submits this statement for the purposion's board of directors. I hereby accept the appropriate the purposition of the	a of changing its registered	red
office or n agent. I a	egistered agent, or both, in the State m f <u>amili</u> ar with, and accept the obliga	or Florida. Such change was auth tions of, Section 607.0505, Florida	a Statutes.	on's board of directors. Thereby accept the ap	/	•
SIGNATURE	Sterely Gall	LU STEPHE	N GARBER	Director Y/=	17/99	_
GIGHT	Signature, types or printed name of registered ager		gistered Agent signature require		LUD DIDECTORO IN	42
12.		D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS		Addition
TITLE	D DENISE I	D peterie '	1.2 NAME			
NAME	Garber, Denise L 2201 Banyan Road	,	1.3 STREET ADDRESS	* *		
STREET ADDRESS	BOCA RATON FL	,	1.4 CITY-ST-ZIP			
CITY-ST-ZIP	0	☐ DELETE	2.1 TITLE		☐ Change ☐ Ac	Addition
NAME	GREER, SUSAN	<del>_</del>	2.2 NAME			
STREET ADDRESS	2556 CLERMONT ST		2.3 STREET ADDRESS			ĺ
CITY-ST-ZIP	DENVER CO 80207	9 T &	2.4 CITY-ST-ZIP			-
TITLE	D	☐ DELETE	3.1 TITLE		Change A	Addition
NAME	GARBER, STEPHEN E		3.2 NAME			1
STREET ADORESS	2201 BANYAN ROAD		3.3 STREET ADDRESS			İ
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-ST-ZIP			
TITLE	D	DELETE	4.1 TITLE		☐ Change ☐ A	Addition
NAME	RIDER, ROBERT B	j	4. 2 NAME			
STREET ADDRESS	5720 TABLE TOP COURT		4.3 STREET ADDRESS			}
CITY-ST-ZIP	BOULDER CO		4.4 C/TY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Ad	Addition
NAME	_	İ	5.2 NAME		•	}
STREET ADORESS	,		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE		Change A	Addition
TITLE		☐ DELETE	6.1 MILE 6.2 NAME		□ Change □ At	MUIUUII
			■ U.Z NAWE 1			
NAME			6.3 STREET ADDRESS			J

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.

6.4 CITY-ST-ZIP

SIGNATURE: