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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000059860	(3)
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COURT CLASSES, INC.	
Principal Place of Business	Mailing Address



2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59–3346998 Not Applicable Suite Aprl. #, etc. 5 5 5 3346998 Not Applicable Suite Aprl. #, etc. 5 5 5 3346998 Not Applicable Suite Aprl. #, etc. 5 5 5 3346998 Not Applicable Suite Aprl. #, etc. 5 5 5 3346998 Not Applicable Suite Aprl. #, etc. 5 5 5 5 3346998 Not Applicable Suite Aprl. #, etc. 5 5 5 5 5 5 5 5 5 Suite Aprl. #, etc. 5 5 5 5 5 5 5 Suite Aprl. #, etc. 5 5 5 5 5 5 Suite Aprl. #, etc. 5 5 5 5 5 Suite Aprl. #, etc. 5 5 5 5 5 Suite Aprl. #, etc. 5 5 5 5 5 Suite Aprl. #, etc. 5 5 5 Suite Aprl. #, etc. 5 5 5 5 5 Suite Aprl. #, etc. 5 5 5 5 5 Suite Aprl. #, etc. 5 5 5 5 5 Suite Aprl. #, etc. 5 5 5 5 5 Suite Aprl. #, etc. 5 5 5 5 5 5 Suite
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Trust Fund Contribution
Zip
9. Name and Address of Current Registered Agent AUSTIN, WILLIAM W PSY.D 102 PARK PLACE BLVD. STE A-3 KISSIMMEE FL 34741 83 City FL 85 City FL 85 City FL 85 City FL 85 City FL 86 City FL 87 City FL 88 City Change Addition Change Change Addition Change Addition Change Addition Change Addition Change Change Addition Change Addition Change Addition Change Change Change Addition Change
AUSTIN, WILLIAM W PSY.D 102 PARK PLACE BLVD. STE A-3 KISSIMMEE FL 34741 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 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 637.0505, Florida Statutes. SIGNATURE Signand, byed of price name of registered agent agent and lite 1 large cable. 12. OFFICERS AND DIFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PVST AUSTIN, WILLIAM W PSY.D SIRRET ADDRESS ORLANDO FL 32819 14 CITY-ST-ZIP ORLANDO FL 32819 14 CITY-ST-ZIP Change Addition Addition AUSTIN, WILLIAM W PSY.D STREET ADDRESS GITY-ST-ZIP ORLANDO FL 32819 24 CITY-ST-ZIP ORLANDO FL 32819 24 CITY-ST-ZIP ORLANDO FL 32819
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102 PARK PLACE BLVD. STE A-3 KISSIMMEE FL 34741 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 637.0505, Florida Statutes. SIGNATURE Signature, Isred or printed name of registered agent and title 1 legal cable (NOTE: Registered Agent signature required when remainable and printing and printing required agent. I am familiar with an appointment as registered agent. I am familiar with a pointment as registered agent. I am familiar with a pointment as registered agent. I am familiar with a pointment as registered agent. I am familiar with a pointment as registered agent. I am familiar with a pointment as registered agent. I am familiar with a pointment as registered agent. I am familiar with a pointment as registered agent. I am familiar with a pointment as registered agent. I am familiar with a pointment as registered agent. I am familiar with a pointment as registered agent. I am familiar with a pointment as registered agent. I am familiar with a pointment as registered agent. I am familiar with a pointment as registered agent. I am familiar with a pointment as registered agent. I am familiar with a pointment as registered agent. I am familiar with a pointment as registered agent. I am familiar with a pointment as registered agent. I am familiar with a pointment as registered agent. I am familiar with a point agent agent and of directors. I hereby accept the appointment as registered agent. I am familiar with a point agent
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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 agent. I am familiar with, and accept the obligations of, Section 637.0505, Florida Statutes. SIGNATURE Signature, hybrid or printed name of registered agent and title 1 applicable. (INDTE: Registered Agent signature required when reinstating). 12. OFFICERS AND DIFIE CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PVST IDELETE 1.1 TITLE AUSTIN, WILLIAM W PSY.D STREET ADDRESS CITY-S1-ZIP ORLANDO FL 32819 14 CITY-S1-ZIP TITLE D Change Addition Addition Addition AUSTIN, WILLIAM W PSY.D STREET ADDRESS B904 ROYAL BIRKDALE LANE 1.2 TITLE Change Addition Addition AME STREET ADDRESS B904 ROYAL BIRKDALE LANE Change Addition AUSTIN, WILLIAM W PSY.D 22 NAME STREET ADDRESS B904 ROYAL BIRKDALE LANE Change Addition AUSTIN, WILLIAM W PSY.D 22 NAME STREET ADDRESS B904 ROYAL BIRKDALE LANE ORLANDO FL 32819 24 CITY-S1-ZIP ORLANDO FL 32819
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 637.0505, Florida Statutes. SIGNATURE Segnature, hyped or printer name of registered agent and title 1 applicable tNOTE: Pugistered Agent signature required when reinstating' DATE
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I. 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 eath; that I am an officer or injector of the corporation or the receiver or frozene empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if thanged, or on an attachment path an address;

SIGNATURE: \

Muland lutus William W. Austin

4/24/9/ (407)870-2101