AMOUNT DUE O P CORF	IOTICE: CORPORATION WILL IN OR BEFORE B7/96: \$225 (IF D PORATION AL REPORT	BE DISSOLVED ON OR AFTER A DISSOLVED, MINIMUM AMOUNT DUE FLORIDA DEPART Sandra B Secretary	TO REINSTATE: \$375.) IMENT OF STATE Mortham y of State		
1996		DIVISION OF C		-	
DOCUN 1. Corporation	MENT # P950	000060736 (2)			
VETER	INARY CORRESPONDE	NCE REVISION COURSE,	INC.	E ACOMAGA AND NOVOE ONNI SONI OCCIONA	
Principal Place of Business Mailing Address				<u> </u>	
7000 WEST 12TH AVE SUITE #22 7000 WEST 12TH AVE SUITE #22 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014					
MIAMI LAKES PL 33014 MIAMI LAKES PL 33014				3. Date Incorporated or Qualified	3a. Dale of Last Report
2. Principal Pla	ace of Business	2a. Ma ling Address		08/07/1995 4. FEI Number	Applied For
Suite, Apt. #	* etc.	Suite, Apt #, etc		65 -064 00	Not Applicable \$8.75 Additional
22		27 City & State		Certificate of Status Desired Status Desired Status Desired	Fee Required \$5.00 May Be
City & State		28	0	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Z _I p 29	Country 30	This corporation has liability for in Florida Statutes	Yes No
DI.	9. Name and Address of Cu	urrent Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent
1000 11201 1211 11121 20112 222				ress (P.O. Box Number is Not Acceptable	0)
Mi	IAMI LAKES FL 33014		83		
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607	0502 and 607.1508, Florida Statute State of Florida, Such change was a	es, the above-named corputhorized by the corporati	oration submits this statement for the pu- on's board of directors. I hereby accept	pose of changing its registered the appointment as registered
agent l'ar	m familiar with, and accept the c	(KLILAI) KICI	LARN B. ISL	みてくみきん	6/7/96
12.	Organizati type you print the transfer of	ed agent and the ill applicable (NO) SIAND DIRECTORS	E. Registicrent Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	
TITLE	D Blatcher, Richard E	DELETE	1.1 TILE 1.2 NAME		Change Addition
NAME STREET ADDRESS	7000 WEST 12TH AVE.	, Suite #22	13 STREET AC DRESS		
CHTY-ST-ZIP TITLE	MIAMI LAKES FL 33014	DELETE	1.4 CiTY - ST - ZiF 2.1 TiTEE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STHEFT ADDRESS 2 4 CITY - ST - ZIP		
CITY - ST - ZIP TITLE		DELETE	3 1 TITLE		Change Addition
NAME STREET ADDRESS			3 2 NAME 3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - \$1 - ZIP		Change Addition
TITLE NAME		DELETE	4 1 TITLE 4 2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
TITLE NAME		otten	5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TiTLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
DITY-ST-ZIP 14. I do herel	by certify that the information su	ipplied with this filing is voluntarily fu	64 CITY-ST-ZIP irnished and does not qui	alify for the exemption stated in Section 1	19.07(3)(k), Florida Statules. I
further ce	ertify that the information indicate decoath, that I am an officer or o	ed on this annual report or supplem director of the corporation or the rec	ental annual report is true elver or trustee empoweri	and accurate and that my signature sha ad to execute this report as required by C	
1	DANIO	k 13 if changed, or on an attachme	LAT CHER	1/2/01	305 811 8160
SIGNAT	URE: SIGNATURE AND TY	PED OR PRINTED NAME OF SIGNING OFFICER		· 01 1/10	305 821 3160