

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000066952 (9)

1. Corporation Name

CLINICAL HYPNOSIS TRAINING INSTITUTE, INC.



Principal Place of Business

Mailing Address

4350 SHERIDAN ST., STE. 200
HOLLYWOOD FL 33021

4350 SHERIDAN ST., STE. 200
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

08/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0615357

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81

Name BART OSTROFF - V.P. CHIT

82

Street Address (P.O. Box Number is Not Acceptable)
4350 SHERIDAN ST. SUITE 200

83

84

City HOLLYWOOD

FL

85

Zip Code 33021

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 re-stating)

4/23/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME TAYLOR, ETH-EL PHD
STREET ADDRESS 545 N.W. 210TH ST. #103
CITY-ST-ZIP NORTH MIAMI FL 33189

TITLE D
NAME SABINO, WILLIAM F PHD
STREET ADDRESS 7800 W. OAKLAND PARK BLVD., STE. B-302
CITY-ST-ZIP SUNRISE FL 33351

TITLE D
NAME OSTROFF, BARTON
STREET ADDRESS 2797 NORTH 40TH AVE.
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

10785 N.W. 11th ST
PEMBROKE PINES FL 33021

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 - 954 - 964-1979

DATE

Daytime Phone #

CR2E034 (12/95)