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Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000086889 (9)

1. Corporation Name

AURORA TRAINING & DEVELOPMENT, INC.



Principal Place of Business

5143 COMMERCIAL WAY
SPRING HILL FL 34606

Mailing Address

5143 COMMERCIAL WAY
SPRING HILL FL 34606-1932

3. Date Incorporated or Qualified
11/09/1995

3a. Date of Last Report
02/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0628497

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

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIERZYNSKI, MICHAEL J
5143 COMMERCIAL WAY
SPRING HILL FL 34606

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

TITLE DPST ☐ DELETE

NAME HAFF, WALLACE K
STREET ADDRESS 5143 COMMERCIAL WAY
CITY-ST-ZIP SPRING HILL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME HAFF
1.3 STREET ADDRESS 2800 COVE CAY DRIVE APT 6A
1.4 CITY-ST-ZIP CLEARWATER, FL 34620

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME ASST. S/ASST. T.
2.3 STREET ADDRESS LA RUE PROUTY-HAFF
2.4 CITY-ST-ZIP 2800 COVE CAY DRIVE APT 6A
CLEARWATER, FL 34620

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME HAFF
3.3 STREET ADDRESS 1801 EAST LAKE RD 19B
3.4 CITY-ST-ZIP PALM HARBOR, FL 34685

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME ASST. S/ASST. T.
4.3 STREET ADDRESS LA RUE PROUTY-HAFF
4.4 CITY-ST-ZIP 1801 EAST LAKE RD 19B
PALM HARBOR, FL 34685

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: X

Wallace K. Haff

WALLACE K. HAFF

2/11/97 X 813/787-0380

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/96)