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PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation	MENT # P9500	00093457 (6	8)					
	TTY TRAINING, INC.	•				<b>88</b> 110 SALIA ***	<b>BA</b> 105/2 5/2-	· · · · · · · · · · · · · · · · · · ·
Principal Place	of Dunionan	A F-W A-II						
Principal Place		Mailing Address					••• ••••	
201 ALHAMBRA CIRCLE, SUITE 1200 201 ALHAMBRA CIRCLE. CORAL GABLES FL 33134 CORAL GABLES FL 3313				0				
					3. Date Incorporated or Qualified 12/06/1995	3a. Date	of Last R	eport
·	ace of Business	2a. Mailing Address			4. FEI Number		Т.	Applied For
Suite, Apt. #	# etc	26   Suite, Apt. #, etc.			65-0633085	<u> </u>		Not Applicable
22	#, 6tc.	27 Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	)	City & State			6. Election Campaign Financing		·····	O May Be
23		28			Trust Fund Contribution			d to Fees
Zip <b>24</b> ]	Country 25	Zip <b>29</b>	Countr 30	У	This corporation has liability for Florida Statutes	intangible ta	x under s	199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	Registered	Agent	
			81	i Name				
GORDON, HOWARD W 201 ALHAMBRA CIRCLE, SUITE 1200			82 Street Ac		ress (P.O. Box Number is Not Acceptab	ole)		
	GABLES FL 33134		83	3				
			84	1 City			85 Zij	p Code
				1		<u> </u>		
11. Pursuant to	o the provisions of Sections 607.050.	2 and 607.1508, Florida Statu	tes, the above	-named corpor	ration submits this statement for the pu	roose of cha	inaina its r	edistered office.
or realstere	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ina. Such change was authori:	zed by the cor	-named corpor poration's boa	ration submits this statement for the purified of directors. I hereby accept the app	rpose of cha ointment as	inging its r registered	egistered office Lagent. Lam
familiar wit	ed agent, or both, in the state of Flor h, and accept the obligations of, Sec	nda. Such change was authori otion 607.0506, Florida Statute	zed by the corp s.	poration's boa	rd of directors. Thereby accept the app	rpose of cha ointment as	inging its r registered	registered office I agent. I am
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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 DIRI

OSCAR ICHAZO PEESIDENT 2/15/96

Daytique Phone #