

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P96000000255 (5)**

1. Corporation Name

BEHAVIOR MANAGEMENT TRAINING SYSTEMS INC.

Principal Place of Business

7400 STIRLING ROAD STE 1413
HOLLYWOOD FL 33024-0

Mailing Address

7400 STIRLING ROAD STE 1413
HOLLYWOOD FL 33024-0



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ROBINSON, WILLIAM H
7400 STIRLING ROAD STE 1413
HOLLYWOOD FL 33024-0

3. Date Incorporated or Qualified

12/26/1995

3a. Date of Last Report

4. FEI Number

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

10. Name and Address of New Registered Agent

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 607.071 and 607.1706, 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 approved by the corporation's Board of Directors. Thereby accepting appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0706, Florida Statutes.

SIGNATURE

Signature of the current registered agent

Signature of the new registered agent

Date

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME *President*
William H. Robinson
STREET ADDRESS *7400 Stirling Rd. #1413*
CITY, ST, ZIP *Hollywood, FL 33024*

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

TITLE DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE Change Addition

18 NAME

19 STREET ADDRESS

20 CITY, ST, ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

25 TITLE Change Addition

26 NAME

27 STREET ADDRESS

28 CITY, ST, ZIP

29 TITLE Change Addition

30 NAME

31 STREET ADDRESS

32 CITY, ST, ZIP

33 TITLE Change Addition

34 NAME

35 STREET ADDRESS

36 CITY, ST, ZIP

37 TITLE Change Addition

38 NAME

39 STREET ADDRESS

40 CITY, ST, ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

600001761476
-03/28/96--01081--023
*****200.00**

14. I do hereby certify that the information supplied with this filing is true and correct, for the reasons stated in Section 199.03(3)(k), Florida Statutes. I further certify that the information included 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; that the person or persons designated to receive this record are, per 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *William H. Robinson* - William H. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-96 (954) 430-9608

CR2E034 (12/95)

Oct 31 1996