SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT

1997

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

97 SEP 29 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000000255 (5)**

1. Corporation Name
BEHAVIOR MANAGEMENT TRAINING SYSTEMS INC.

Principal Place of Business	Mailing Address
7400 STIRLING ROAD STE 1413 HOLLYWOOD FL 33024- 0	7400 STIRLING ROAD STE 1413 HOLLYWOOD FL 33024- 0

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1995
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business
21: 1771 SW 83rd Ave
Suite, Apt. #, etc. 22:
City & State 23: Miramar, Fl.
Zip 24: 33025 Country 25: U.S.A.

2a. Mailing Address
26: P.O. Box 4523
Suite, Apt. #, etc. 27:
City & State 28: W. Hollywood, Fl.
Zip 29: 33083 Country 30: U.S.A.

4. FEI Number: APPLIED FOR 65-0644385 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1 Name: William H. Robinson
B2 Street Address (P.O. Box Number is Not Acceptable): 1771 SW 83rd Avenue
B3:
B4 City: Miramar FL 85 Zip Code: 33025

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: William H. Robinson / William H. Robinson 9/11/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	ROBINSON, WILLIAM		1.2 NAME	William H. Robinson	
STREET ADDRESS	7400 STIRLING RD. #1413		1.3 STREET ADDRESS	1771 SW 83rd Ave	
CITY-ST-ZIP	HOLLYWOOD FL 33024		1.4 CITY-ST-ZIP	Miramar, Fl. 33025	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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****550.00 ****550.00

CR2E034 (4/97)

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: William H. Robinson William H. Robinson 9/11/97 (954) 450-6500