PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Suite, Apt. #, etc.

City & State

27

29

DOCUMENT # P9600000255

Country

9. Name and Address of Current Registered Agent

25

ROBINSON, WILLIAM H

1. Corporation Name

Suite, Apt. #, etc.

City & State

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Zip

BEHAVIOR MANAGEMENT TRAINING SYSTEMS INC.

Principal Place of Business	Maiting Address			
1771 SW 83RD AVE. Miramar Fl 33025	P.O. BOX 4523 W. HOLLYWOOD FL 33083			
2. Principal Place of Business	2a. Mailing Address 26 1771 SU 83rd Avenue			

3. Date Incorporated or Qualifed 12/26/1995

4. FEI Number Applied For 65-0644385 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired \Box Fee Required 6. Election Campaign Financing \$5.00 May Be \Box Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

May 10, 1999 8:00 am Secretary of State

05-10-1999 90215 002 ***150.00

DO NOT WRITE IN THIS SPACE

82 1771 SW 83RD AVE. MIRAMAR FL 33025 83 85 Zip Code City

Country

USA

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 obligators of Section 607.0505, Florida Statutes.

SIGNATURE	- 17 / - W		LIAM H		14 pvi (30, 1119		
	Signature, typed or printed name of registered agent and title if applicable (f	NOTE: Regi	istered Agent signature re		DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P DELETE	E.	1.1 TITLE		☐ Change	☐ Addition	
NAME	ROBINSON, WILLIAM H		1.2 NAME				
STREET ADDRESS	1771 SW 83RD AVE.		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIRAMAR FL 33025		1.4 CITY-ST-ZIP				
TITLE	☐ DELETE	Ε	2.1 TITLE		Change	☐ Addition	
NAME			2 2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				

2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 3.1 TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 4,1 TITLE TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 517M F TITLE

5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 supplied and 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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)