

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90108 009 ***150.00

DOCUMENT # P96000023057

1. Corporation Name

TECHNICAL TRAINING CONSULTANTS, INC.

Principal Place of Business

300 NW 82ND AVENUE
#403
PLANTATION FL 33324

Mailing Address

300 NW 82ND AVENUE
#403
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1996

4. FEI Number

65-0661460

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 the current year intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 321 N. University Dr.

Suite, Apt. #, etc.

22 Suite S-5

City & State

23 Plantation, FL

Zip

24 33324

Country

25 USA

2a. Mailing Address

26 321 N. University Dr.

Suite, Apt. #, etc.

27 Suite S-5

City & State

28 Plantation, FL

Zip

29 33324

Country

30 USA

9. Name and Address of Current Registered Agent

GREENBERG, JEFFREY
11790 SW 89TH STREET
MIAMI FL 33186-2166

10. Name and Address of New Registered Agent

81 Name

Robert Miller

82 Street Address (P.O. Box Number is Not Acceptable)

318 Indian Trace, #141

83

84 City

Weston,

FL

85 Zip Code
33326

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 Robert Miller / President

4-26-99

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 V ☐ DELETE

NAME FINKELSTEIN, GREGORY
STREET ADDRESS 20850 SAN SIMEON WAY., #602
CITY-ST-ZIP N. MIAMI BEACH FL 33179

TITLE P ☐ DELETE

NAME MILLER, ROBERT
STREET ADDRESS 318 INDIAN TRACE., #141
CITY-ST-ZIP WESTON FL 33326

TITLE T ☐ DELETE

NAME LEBAR, NEAL
STREET ADDRESS 9825 SW 105TH TERRACE
CITY-ST-ZIP MIAMI FL 33176

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0306013