

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  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90083 030 \*\*\*150.00

DOCUMENT # P96000030385

1. Corporation Name  
HRT TRAINING CORP., INC.

Principal Place of Business  
6814 NORTH ORLEANS AVENUE  
TAMPA FL 33604

Mailing Address  
6814 NORTH ORLEANS AVENUE  
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/01/1996

4. FEI Number  
59-3381193

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 10453 Ashely Oaks DR  
Suite, Apt. #, etc.

2a. Mailing Address  
26 10453 Ashely Oaks DR  
Suite, Apt. #, etc.

22 City & State  
23 Riverview, FL

27 City & State  
28 Riverview, FL

24 Zip 33569 25 Country USA

29 Zip 33569 30 Country USA

9. Name and Address of Current Registered Agent

MARTINEZ, CARRIE S.  
118 SOUTH WESTSHORE BLVD #297  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name MARTINEZ, CARRIE S.  
82 Street Address (P.O. Box Number is Not Acceptable)  
10453 Ashely Oaks DR  
83  
84 City Riverview, FL 85 Zip Code 33569

11. Pursuant to the provisions of Sections 607.0501 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:

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 D  
NAME MARTINEZ, MARIO JR  
STREET ADDRESS 6814 NORTH ORLEANS  
CITY-ST-ZIP TAMPA FL 33604

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 10453 Ashely Oaks DR.  
1.4 CITY-ST-ZIP Riverview, FL 33569

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 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 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: Mario Martinez Jr (Mario Martinez Jr 4/1/99 813-2248029  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)