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FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000031124 (6)

1. Corporation Name

NATIONAL MEDIA & FIBER OPTIC TRAINING CENTER, INC.



Principal Place of Business

Mailing Address

14239 C.R. 561 A  
FERNDAL FL 32729

P.O. BOX 560099  
MONTVERDE FL 34756-0099

3. Date Incorporated or Qualified

04/10/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3369781

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, GARY P  
14239 C.R. 561 A  
FERNDAL FL 32729

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 607.0502 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

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  
NAME WRIGHT, GARY P  
STREET ADDRESS 16109 HILLSIDE CIR.  
CITY-ST-ZIP MONTVERDE FL 34756

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE V  
NAME SNYDER, RANDALL L  
STREET ADDRESS 830 SCHUMANN DR.  
CITY-ST-ZIP VERO BEACH FL 32958

☒ DELETE

2.1 TITLE S/T  
2.2 NAME HELENE F. WRIGHT  
2.3 STREET ADDRESS 16109 HILLSIDE CIR  
2.4 CITY-ST-ZIP MONTVERDE, FL 34756

☒ Change

☒ Addition

TITLE T  
NAME GONZALES, DEANA K  
STREET ADDRESS 325 E. CHESTER ST.  
CITY-ST-ZIP MINNEOLA FL 34755

☒ DELETE

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

☐ Change

☐ Addition

TITLE S  
NAME GEARHART, BETH  
STREET ADDRESS 15312 STINA AVE.  
CITY-ST-ZIP GROVELAND FL 34736

☒ DELETE

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

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

*Helene F. Wright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/97 (407) 469-1213

0466493

CR2E034 (9/96)