

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

DOCUMENT # P96000036949 (1)
1. Corporation Name
CAREER DEVELOPMENT TECHNOLOGIES, INC.

Principal Place of Business
1079 WEST MORSE BLVD.
WINTER PARK FL 32789

Mailing Address
1079 WEST MORSE BLVD.
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/29/1996	3a. Date of Last Report
4. FEI Number 59-3383533	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21 5728 Major Boulevard	26 5728 Major Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 500	27 500
City & State	City & State
23 Orlando, FL	28 Orlando, FL
Zip	Zip
24 32819	29 32819
Country	Country
25 Orange	30 Orange

9. Name and Address of Current Registered Agent
MILLER, KENNETH W
1079 WEST MORSE BLVD.
WINTER PARK FL 32789

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 100002323581-4 -10/17/97--01114--014
84 City ***165.00 FL ***165.00

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Correct Spelling
STREET ADDRESS		2.3 STREET ADDRESS	Rivers, Michael
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Robert H. Kite
STREET ADDRESS		3.3 STREET ADDRESS	PO Box 808 N/A
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Blowing Rock, NC 28605
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

FILED

97 OCT 13 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)

②

**Career Development
Technologies, Inc.**

Memo

To: Florida Department of State, Trevor Brumbley
From: Tracy Brumbeloe, Director of Administration
Date: October 10, 1997
Re: Annual Report

I have enclosed our annual report which had been returned to us. We never received the first notice for filing the report due to an address change. We had informed the state of the change of address but for some reason the report was still sent to the wrong address. When we received the second notice our CEO, Dr. Michael Rivers, called and spoke with Steve Friend who informed him we should file and send a letter stating the first notice went to the wrong address and the late fee would be waived. The letter was sent however, it was sent separate from the report which in turn has caused some confusion. I spoke today with Leslie in reinstatement and she informed me to resend everything along with a note of explanation.

I hope this will clear up any confusion. Please contact me with any questions at 407-248-0522.