

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 17, 1999 8:00 am
Secretary of State

05-17-1999 90034 009 ***150.00

DOCUMENT # P96000036949

1. Corporation Name

CAREER DEVELOPMENT TECHNOLOGIES, INC.



Principal Place of Business

5750 MAJOR BLVD.
225
ORLANDO FL 32819

Mailing Address

5750 MAJOR BLVD.
225
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1996

4. FEI Number

59-3383533

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

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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 D
NAME MILLER, KENNETH W
STREET ADDRESS 1110 W. IVANHOE BLVD.
CITY-ST-ZIP ORLANDO FL 32804

☒ DELETE

1.1 TITLE President + Director ☐ Change ☒ Addition
1.2 NAME Philip Geiger
1.3 STREET ADDRESS 87 Ross Hall Blvd South
1.4 CITY-ST-ZIP Piscataway NJ 08854

TITLE CEO, D
NAME RIVERS, MICHAEL
STREET ADDRESS 3820 MONTEO CIRCLE
CITY-ST-ZIP ORLANDO FL 32837

☐ DELETE

2.1 TITLE CEO + Director, Treas. + Secy ☒ Change ☐ Addition
2.2 NAME Rivers, Michael
2.3 STREET ADDRESS 3820 Monteo Circle
2.4 CITY-ST-ZIP Orlando FL 32837

TITLE D, V.P.
NAME KITE, ROBERT H
STREET ADDRESS P.O. BOX 808 N/A
CITY-ST-ZIP BLOWING ROCK NC 28605

☐ DELETE

3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME Joseph Fernandez
3.3 STREET ADDRESS 4392 LIVE OAKS Blvd.
3.4 CITY-ST-ZIP Palm HARBOR, FL 34685

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE Director ☐ Change ☒ Addition
4.2 NAME Richard Shepard
4.3 STREET ADDRESS 9107 Watson Rd
4.4 CITY-ST-ZIP Silver Springs, M.D. 20910

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE Director ☐ Change ☒ Addition
5.2 NAME Augustine Rivera
5.3 STREET ADDRESS 250 Riverside DR, APT. 55
5.4 CITY-ST-ZIP NEW YORK, N.Y. 10025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99 (407) 248-0522
Date Daytime Phone #

CR2E034 (11/98)