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May 10, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000004511 (6)

1. Corporation Name

CHOICE COMPUTER TRAINING, INC.



Principal Place of Business

Mailing Address

205 E CENTRAL BLVD STE 304
ORLANDO FL 32801

205 E CENTRAL BLVD STE 304
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1997

4. FEI Number

59-3432853

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required -

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NISI, FRANK P JR
205 E CENTRAL BLVD STE 304
ORLANDO FL 32801

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 ☐ DELETE
NAME SAMPSON, MARK
STREET ADDRESS 5285 GREYSTONE DR #102
CITY-ST-ZIP INVER GROVE HGTS MN 55077

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME SAMPSON, MARK
1.3 STREET ADDRESS 3118 CYNTHIA CT
1.4 CITY-ST-ZIP INVER GROVE HEIGHTS, MN, 55076

TITLE D ☐ DELETE
NAME VOYATZOGLU, THEODOSIOS
STREET ADDRESS 1342 E VINE STREET #339
CITY-ST-ZIP KISSIMMEE FL 34744

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME VOYATZOGLU, THEODOSIOS
2.3 STREET ADDRESS 224 ROYAL PALM DR
2.4 CITY-ST-ZIP FORT LAUDERDALE, FL, 33301

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE OF OFFICER OR DIRECTOR

4/30/99

651-306-0924

CR2E034 (10/97)