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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000021813

ARMIGER POLICE TRAINING INSTITUTE, INC.

Principal Place of Business	Mailing
3516 FURLONG WAY GOTHA FL 34734	3516 FL GOTHA

FILED Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90045 036 ***150.00



Address IRLONG WAY FL 34734 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/10/1997 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3431284 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. П 5. Certifcate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State ГП Added to Fees Trust Fund Contribution 28 23 Country Country 8. This corporation owes the current year Intangible Zip 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVENUE SUITE 900 83 **MIAMI FL 33131** 85 Zip Code 84 City 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) 4, "15 CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change ☐ Addition 11 TITI F TMF 特人可提到 1.2 NAME NAME MURRAY, KENNETH R 1.3 STREET ADDRESS STREET ADDRESS 3516 FURLONG WAY 1.4 CITY-ST-ZIP **GOTHA FL 34734** CITY-ST-ZIP ☐ Addition Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition C DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 完善自己的主题 医生物 医甲基磺胺甲基 3.4, CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change . Addition ☐ DELETE 6.1 TITLE TITI F 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. 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 attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

KONETH MARRY SIGNATURE AND TYPED OR PRINTED NAME OF SIG