FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000053519 (9)

NETTRAINING, INC.

Mailing Address

FILED Apr 07 1998 8:00am Secretary of State

|--|

Frincipal Flace	B OF BUSINESS	Maning Address	Maning Address				
	PASTURE DRIVE	11418 PALM PASTURE DRIVE					
TAMPA FL 33635		TAMPA FL 33635				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						06/17/1997	
						4. FEI Number Applied For	
2. Principal Place of Business 2a. Mailing Address						59-3452370 Applied Follows	
Suite, Apt.	4	Critic Apt # etc	Suite, Apt #, etc.			4. FEI Number 452370 Applied For Not Applicable 88.75 Additional	
22 On A Sun	#, etc.	27	 			5. Certificate of Status Desired Fee Required	
City & State	9	City & State	· ·			6. Election Campaign Financing \$5.00 May Be	
23		28	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Coun	try		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
AM	ERILAWYER CHARTERED		1	B1	Name		
343 ALMERIA AVENUE			- -	32	Street Add	dress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134			ļ.	33			
ļ			'	0.5			
			ļī.	B4	City	85 Zip Code	
		1007 4000 Et 111 Oct		<u>l</u> .			
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.							
agent la	m familiar with, and accept the oblig	jations of, Section 607.0505, Fi	lorida Statu	tes.	•	, , , , , , , , , , , , , , , , , , , ,	
SIGNATURE							
<u> </u>	Signature, typed or printed hards of registered ag	ent and title it applicable (NO ID DIRECTORS		Agani	signature requ	uired when reinstating) DATE	
12.	,	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	PD PECEDEN D	Dette it				Unange Carrothur	
NAME	WIGGINS, JEFFREY B	-	1.2 NAM				
STREET ADDRESS	11418 PALM PASTURE DRIV	E	- 1		DDRESS		
CITY-ST-ZIP	TAMPA FL 33635	DELETE	1.4 CIT		· ZIP	Change Addition	
TITLE	_		1	2.1 TITLE 2.2 NAME		Orlange Addition	
NAME	CRABB, KENNETH E						
\$TREET ADDRESS	11418 PALM PASTURE DRIVE			2.3 STREFT ADDRESS			
CITY-ST-ZIP	TAMPA FL 33635			2 4 CITY-ST-ZIP 31 TITLE		Change Addition	
TITLE	DELETE					Li Change L) Addition	
NAME			3.2 NA				
STREET ADDRESS			3.3 STR	EET A	NODRES\$		
CITY-ST-ZIP				3.4. CITY-ST-ZIP 4.1 TITLE			
TETLE	DELETE					☐ Change ☐ Addition	
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STF	EET A	ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-\$T-	- ZIP		
TITLE		☐ DELETE	5.1 TIT	LE		Change Addition	
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 STF	REET A	ADDRESS .		
CITY-ST-ZIP			5.4 C/T	Y-51	- ZIP		
TITLE		DELETE	6.1 TIT	LE		Change Addition	
NAME			6.2 NA	Mξ			
STREET ADDRESS			6 3 STF	IEET A	ADDRESS		
CITY-ST-ZIP			6.4 C/T	Y-SI	- ZIP		
	I	until Attin Oliver along mot available				in Section 119 07/3V/). Florida Statutes, I further certify that the information	

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 early; 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: Aller B Lumine

4/2/98

813-854-4233