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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000061172 (7)

SOUTH FLORIDA COMPUTER TRAINING CENTER, INC.

Principal Place of Business

Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



14590 \$ MILITARY TRAIL STE E7 14590 S MILITARY TRAIL STE E7 DELRAY BCH FL 33445 DELRAY BCH FL 33445 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1997 2. Principal Place of Business 2a. Mailing Address Applied For South Mildon 65-076713 21 14590 26 14590 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Trail Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 DELKA П Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible u s A Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PANCHOOSINGH, BILLY 7686 THORNLEE DR 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33467 83 84 City Zip Code 85 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 BILLY FANCHOOSIN THE SUCH CHOOSIN THE SUC OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE Change Addition PANCHUOSINGH NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-7IP 1.4 CITY-ST-7/P DELETE Change Addition TITLE 2.1 TITLE HUUSIN GAH 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 76.86 The 46 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TiTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP Change DELETE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-ST-ZIP DELETE Change Addition 61 TITLE TITLE MALKE 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. Thereby 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: Banchowing

BILLY PANCHOUSING H

4/5/98 638-9007