

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90152 029 ***150.00

DOCUMENT # P97000068282

1. Corporation Name

COMPREHENSIVE TRAINING CENTER, INC.

Principal Place of Business

2101 NORTH ANDREWS AVENUE
SUITE 200
FORT LAUDERDALE FL 33311

Mailing Address

2101 NORTH ANDREWS AVENUE
SUITE 200
FORT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1997

4. FEI Number

65-0782778

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

2. Principal Place of Business

2a. Mailing Address

21 8930 ST. RD. SE #304
Suite, Apt. #, etc.

26 8930 ST. RD. SE #304
Suite, Apt. #, etc.

22 DUCK, FL.
City & State

27 DUCK, FL.
City & State

23 33324 USA
Zip Country

28 33324 USA
Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, ANDREW C ESQUIRE
2101 NORTH ANDREWS AVENUE
SUITE 200
FORT LAUDERDALE FL 33311

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

TITLE DP ☒ DELETE

NAME MEISEL, TEDDY
STREET ADDRESS 9100 N.W. 15 STREET
CITY-ST-ZIP PLANTATION FL 33322

TITLE DV ☐ DELETE

NAME ROSE-MEISEL, JACKIE
STREET ADDRESS 9100 N.W. 15 STREET
CITY-ST-ZIP PLANTATION FL 33322

TITLE DS ☐ DELETE

NAME HANSEN, ANDREA
STREET ADDRESS 11516 S.W. 51 STREET
CITY-ST-ZIP COOPER CITY FL 33330

TITLE DV ☒ DELETE

NAME HANSEN, PAUL GORDEN
STREET ADDRESS 11516 S.W. 51 STREET
CITY-ST-ZIP COOPER CITY FL 33330

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 with all other like empowered.

SIGNATURE:

(Tadric Rose)

Date

Daytime Phone #

CR2E034 (11/98)