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

Mar 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000071612 (0) A-1 COMPUTER TRAINING, INC. Principal Place of Business Maiting Address **880 MANDALAY AVENUE** 880 MANDALAY AVENUE APT. C1107 APT. C1107 DO NOT WRITE IN THIS SPACE **CLEARWATER FL 34900 CLEARWATER FL 34930** 3. Date Incorporated or Qualified 08/18/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 45 WAST THRAIN AVE 45 NEST THRAON AVE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing TARPON SPRINGS, FL TARPON Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BEATTY, STEPHEN 880 MANDALAY AVENUE APT, C1107 83 **CLEARWATER FL 34930** City THE RAW SPRMGS 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, approach the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE stered agent and title if applicable (NOTE: Registered Agent signature required when reinsta 12. OFFICERS AND DIRECTORS 13. HANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 14 City - ST - ZiP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

m ex/2/9

(8/3) 934-7769

Change

☐ Addition

FILED