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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P98000010831

Florida Center for Training & Development,

Principal Place of Business 4215 Southpoint Boulevard Suite 100

Mailing Address

4215 Southpoint Boulevard Suite 100

DO NOT WRITE IN THIS SPACE Jacksonville, FL 32216 Jacksonville, FL 32216 3. Date Incorporated or Qualified April 4, 1997 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-3438149 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Michael N. Schneider Street Address (P.O. Box Number is Not Acceptable) 4215 Southpoint Boulevard, Suite 100 83 Jacksonville, FL 32216 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. Signature, type dise ported has a chiegosta of layor tand title disoplicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Change ☐ Addition DELETE 1 1 TITLE TITLE D/P/S/T NAME 1.2 NAME Bettman, Tricia STREET ADDRESS 1.3 STREET ADDRESS 2248 Cheryl Drive CITY - ST - 7/P 1.4 CITY - \$1 - ZIP Jacksonville, FL 32257-☐ Change ☐ Addition 21 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 1ITLE Change __ Addition NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CHTY - ST- ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-S1-2IP CITY-ST-7IF DELETE Addition TITLE 5.1 THUE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CHTY-ST-7/P 5.4 CITY - SF - 7IP

64 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 supplier entat amount 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 are on an attachment with an address. officer or director of the corporation Block 12 or Block 13 if changed or

6131111

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREE 1 ADDRESS

ICER OR DIRECTOR

DELETE

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FILED

Mar 16 1998 8:00am

Secretary of State

CR2E034 (10/97)