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

DOCUMENT # P98000031718

1. Corporation Name

AMERICAN TECHNICAL TRAINING INSTITUTE, INC.

Principal Place	e of Business	Mailing Address			1 (00)1001 til total bett delle bett delle bett delle bett delle bette b
3877 WATERVIE WINTER PARK I		3877 WATERVIEW LOOP WINTER PARK FL 32792			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					04/03/1998
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			4. FEI Number Applied For Not Applicable
Suite, Apt.	#, étc.	Suite, Apt. #, etc.			5 Contiferts of Status Desired \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	_ Cou	ntry	8. This corporation owes the current year Intangible Personal Property Tax 1. Yes \[\text{Interpret} \] No
24	25		0		1 Crooker 1 topolity text
	9. Name and Address of Current	Registered Agent		81 Nam	10. Name and Address of New Registered Agent
WAD	HWA, NEERU			OI Nam	
	WATERVIEW LOOP			82 Stree	eet Address (P.O. Box Number is Not Acceptable)
	TER PARK FL 32792			83	Land Control (Control Control
****		- 1. 4 · .			
				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	Signature, typed of printed name of registered agent		Registered	Agent signatur	ture required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	D ON THE OWNER.	☐ DELETÉ	1.1 TI		Orlange Division
NAME	WADHWA, SUNIL		1.2 N/		
STREET ADDRESS	3877 WATERVIEW LOOP			REET ADDRES	155
CITY-ST-ZIP	WINTER PARK FL 32792	☐ DELETE	1.4 CI 2.1 TI	TY-ST-ZIP	Change Addition
TITLE	D DAVADURAVA MEEDILI	□ DELETE	2.1 11 2.2 N/		
NAME	Wadhwa, Neeru 3877 Waterview Loop			REET ADDRES	Ecc
STREET ADDRESS	-WINTER PARK EL 32792	and a second and assets as most of		TY-87-28P==	
_CITY_ST_ZIP TITLE	-WINTER FANNEL SETSE	☐ DELETE	3.1 Tr		Change Addition
NAME			3.2 N		
STREET ADDRESS			and the second	REET ADDRES	ESS
CITY-ST-ZIP				TY-ST-ZIP	
TILE		☐ DELETE	4.1 TI		☐ Change ☐ Addition
NAME			4. 2 N	AME	
STREET ADDRESS			4.3 S1	REET ADDRES	ESS
C/TY-ST-Z/P			4.4 CI	TY-ST-ZIP	
TITLE		☐ DELETE	5.1 TI		☐ Change ☐ Addition
NAME			5.2 N	WE	
STREET ADDRESS			5.3 S	REET ADDRES	ESS
l			54 CI	TY-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 oprioration 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. CITY-ST-ZIP

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

СЛY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

☐ Addition

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90007 014 ***150.00