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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S32904 (2)

1. Corporation Name

ADVANCED COMPUTER TRAINING, INC.

Principal Place of Business	Mailing Address
6800 SOUTHPOINT PKWY SUITE 980 JACKSONVILLE FL 32216	6800 SOUTHPOINT PKWY SUITE 980 JACKSONVILLE FL 32216

changed to:

2. Principal Place of Business	2a. Mailing Address
21 7020 A C Skinner Pkwy.	26 7020 A C Skinner Pkwy.
Suite, Apt. #, etc. 22 Suite 180	Suite, Apt. #, etc. 27 Suite 180
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32256 / 25 Duval	Zip / Country 29 32256 / 30 Duval

3. Date Incorporated or Qualified: **02/20/1991**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3055124** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FORD, ROBERT A 3030 HARTLEY ROAD SUITE 200 JACKSONVILLE FL 32257	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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HARRIS, ADAIR B. 8041 PINE LAKE RD. JACKSONVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST (ZIP)	* 32256	☒ Change * ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASTROVASELIS, CALIOPE J 6800 SOUTHPOINT PARKWAY, #980 JACKSONVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST (ZIP)	P/D 7020 A C Skinner Pkwy, #180 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, JOE 8041 PINE LAKE RD. JACKSONVILLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST (ZIP)	S/T/D 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Adair B. Harris CEO — 5-1-96 — (904) 281-9880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Adair B. Harris, Chief Executive Officer