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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

S56191 **DOCUMENT #**

(7)

INSTITUTE FOR COMMUNICATION AND SALES TRAINING C **ORPORATION**

THE	ORPORATION			-	
BOCK ARTON FL 3849 US SUBCA PATON FL 3849 US 3. Euter incorporated or Quarter (5,72/1991 Application Application Subcape Principal Packed Elevanors Subcape Principal Princip	ncipal Place of Business				
BOCA ARTON FL 39434 US SCAL RATON FL 39434 SCAL RATON FL 3					
Principle Place of Esuseriuses	SOCA RATON FL 33434	BOCA RATON FL 3343	4		
South April Activation South April S	District Place of Suppose	2a. Mailing Address			
Sund, Apt. 8, etc. 27	Principa: Place of business			65-0263087	
City & State Coy & State Country 28	Suite, Apt. #, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	Fee Required
25 25 26 27 27 27 27 27 27 27	City & State	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	Added to Fees
Parameter Para	Zip Country	F- 1	····-¬ '		intangible tax under s. 199.032, : XNo
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240 W. COPANS RD 200 W. COPA	9. Name and Address of	Content registered register	81 Name	,	
240 W. COPANS RD 200 W. COPA	WEIGO AVEL		82 Street Addr	ress (P.O. Box Number is Not Acceptate	ole)
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CITY-SI-ZIP 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)(k). Florida Statutes: This is the end accurate and that my signature shall have the same legal effect as if made upon the information indicated on this accurate report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made upon the propriet of trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my nation of the propriet of trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my nation of the propriet of trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my nation of the propriet of the p	2. OFFICE ILLE JAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	RS AND DIRECTORS DELETE DELETE DELETE	13. 1 1 THEF 12 NAME 13 STREET ADDRESS 14 CHY-ST-ZIP 2 1 THEE 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIE 3 1 THEE 32 NAME 33 STREET ADDRESS 34 CHY-ST-ZIP 4 1 THEE 42 NAME 43 STREET ADDRESS 44 CHY-ST-ZIP 5 1 THE 52 NAME 53 STREET ADDRESS 54 CHY-ST-ZIP 6 1 THEE 62 NAME	ADDITIONS/CHANGES TO OF	HCERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition

SIGNATURE:

SIGNATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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