FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 11 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S58435 (6)

1. Corporation Name
COUNSELING & TRAINING INSTITUTE, INC.

Principal Place of Business	Mailing Address
5700 LAKE WORTH RD S303 GREENACRES CITY FL 33463	5700 LAKE WORTH RD S303 GREENACRES CITY FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0272178 ☐ 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 paid the intangible tax under S. 199.032 Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RONDA, MARIA I.
5700 LAKE WORTH RD
S303
GREENACRES CITY FL 33463

10. Name and Address of New Registered Agent

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	P	1 TITLE	☐ Change ☐ Addition
NAME	RONDA, MARIA I	1 NAME	
STREET ADDRESS	5700 LAKE WORTH RD / STE - 303	1 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL	1 CITY-ST-ZIP	
TITLE	VP	2 TITLE	☐ Change ☐ Addition
NAME	RONDA, JULIO E.	2 NAME	
STREET ADDRESS	5700 LAKE WORTH RD / STE - 303	2 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES CITY FL	2 CITY-ST-ZIP	
TITLE	TS	3 TITLE	☑ Change ☐ Addition
NAME	BETONCOURT, MARIA	3 NAME	Betancourt — spelling
STREET ADDRESS	5700 LAKE WORTH RD S302	3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES CITY FL	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-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. I further certify that the information indicated on the 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: Maria I. Ronda MSW LCSW 5/8/95 407-964-2861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0271010 CP