FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY 10 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S86333 (9)

1. Corporate Name
CONSTRUCTION TRADES EDUCATIONAL SERVICES, INC.

Principal Office
% VIOLET GARRETT
RT. 2 BOX 1825
HIGH SPRINGS FL 32643

Mailing Address
% VIOLET GARRETT
RT. 2 BOX 1825
HIGH SPRINGS FL 32643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated: 10/07/1991
3a. Date of Last Report: 04/07/1994

2. Principal Office Phone
21
2a. Mailing Address
26

4. FEI Number: 59-3087843
Applied For
Not Applicable

22 Street Address
27 Suite Apt. #

5. Certificate of Status Desired: X $8.75 Additional Fee Required

23 City
28 State

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

24 City 25 State
29 Zip 30 Country

6. Has corporation been liable for income tax under S. 199.032, Florida Statutes: X Yes [ ] No

9. Name and Address of Current Registered Agent
GARRETT, VIOLET
RT. 2 BOX 1825
HIGH SPRINGS FL 32643

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 Section 607.0505 of the Florida Business Corporation Act, the above named corporation adopts the statement by the previous registered agent or by the Secretary of State in lieu of a registered agent, authorized by the corporation's Board of Directors, thereby to act as the corporation's registered agent. I am familiar with and accept the duties and responsibilities of registered agent under Florida Statutes.

Signature of Registered Agent

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARRETT, JAMES
STREET ADDRESS	RT 2 BOX 1825
CITY STATE ZIP	HIGH SPRINGS FL
TITLE	D
NAME	GARRETT, VIOLET
STREET ADDRESS	RT 2 BOX 1825
CITY STATE ZIP	HIGH SPRINGS FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	[ ] Change [ ] Add/Del
NAME	
STREET ADDRESS	
CITY STATE ZIP	
TITLE	[ ] Change [ ] Add/Del
NAME	
STREET ADDRESS	
CITY STATE ZIP	
TITLE	[ ] Change [ ] Add/Del
NAME	
STREET ADDRESS	
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NAME	
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TITLE	[ ] Change [ ] Add/Del
NAME	
STREET ADDRESS	
CITY STATE ZIP	
TITLE	[ ] Change [ ] Add/Del
NAME	
STREET ADDRESS	
CITY STATE ZIP	

14. I hereby certify that the information supplied with this report is accurate and complete as required by Section 607.0505, Florida Statutes. Further, I hereby certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall satisfy the same requirements as a filing with the Department of State for purposes of the corporation's continued existence or qualification to transact business in this state. I understand that the information as submitted to the Department of State may be subject to public disclosure.

SIGNATURE: Violet Garrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Violet Garrett

5-6-95 (904)378-8100 ex 1088

0095070 CP