

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S86333 (9)
1. Corporation Name
CONSTRUCTION TRADES EDUCATIONAL SERVICES, INC.



Principal Place of Business 21931 NW 190 AVE HIGH SPRINGS FL 32643-9659 US	Mailing Address 21931 NW 190 AVE HIGH SPRINGS FL 32643-9659 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 21931 N.W. 190 Ave Suite, Apt. #, etc. 22 City & State 23 High Springs, FL Zip Country 24 32643-9659 25	2a. Mailing Address 26 21931 N.W. 190 Ave Suite, Apt. #, etc. 27 City & State 28 High Springs, FL Zip Country 29 32643-9659 30
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3. Date Incorporated or Qualified 10/07/1991	4. FEI Number 59-3087843	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
GARRETT, VIOLET
21913 NW 190 AVE
HIGH SPRINGS FL 32643

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 21931 N.W. 190 Ave 83 84 City High Springs, FL 85 Zip Code 32643-9659
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARRETT, JAMES	
STREET ADDRESS	21913 NW 190 AVE	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARRETT, VIOLET	
STREET ADDRESS	21913 NW 190 AVE	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	21931 N.W. 190 Ave	
1.4 CITY-ST-ZIP	High Springs, FL 32643-9659	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	21931 N.W. 190 Ave	
2.4 CITY-ST-ZIP	High Springs, FL 32643-9659	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-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 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: Violet Garrett (Violet Garrett)

1-23-98

(904) 454-4356
(904) 454-7148

CR2E034 (10/97)