

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **S94577** (1)
1. Corporation Name
ADVANCED TRAINING CONCEPTS OF AMERICA, INC.



Principal Place of Business
**1025 S SEMORAN BLVD
STE 1093
WINTER PARK FL 32792
US**

Mailing Address
**1025 SEMORAN BLVD
STE 1093
WINTER PARK FL 32792
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **2400 N. Forsyth Rd.**
Suite, Apt. #, etc.
22 **Ste 201**
City & State
23 **Orlando, FL**
Zip Country
24 **32807** 25 **U.S.A**

2a. Mailing Address
26 **2400 N. Forsyth Rd**
Suite, Apt. #, etc.
27 **Ste 201**
City & State
28 **Orlando, FL**
Zip Country
29 **32807** 30 **USA**

3. Date Incorporated or Qualified
11/15/1991

4. FEI Number
59-3094844

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**TEPLITZKY, BURT
3025 S SEMORAN BLVD STE 1093
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81 Name **TEPLITZKY, BURT**
82 Street Address (P.O. Box Number is Not Acceptable)
2400 N. Forsyth Rd Ste 201
83
84 City **Orlando** FL 85 Zip Code **32807**

11. Pursuant to the provisions of Sections 607.0602 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 **Burt Teplitzky, BURT TEPLITZKY** 3/11/98
Signature: typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	TEPLITZKY, BURT	1025 S SEMORAN BLVD STE 1093	WINTER PARK FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
President	BURT TEPLITZKY	2400 N. Forsyth Rd Ste 201	Orlando, FL 32807	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

CR2E034 (10/97)