SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 21 PM 12:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V36939 (9)

1. Corporation Name

PROFESSIONAL TRAINING INSTITUTE, INC.

Principal Place of Business	Mailing Address
LYNDA PEELER 7601 E. TREASURE DR.#1018 NORTH BAY VILLAGE FL 33141	LYNDA PEELER 7601 E. TREASURE DR.#1018 NORTH BAY VILLAGE FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1992
3a. Date of Last Report: 10/05/1994

4. FEI Number: 65-0344035 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. [illegible] ☐ — $5.00 May Be Added to Fees

7. This corporation files annually for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Lynda Peeler	26 Lynda Peeler
22 Suite, Apt. #, etc. 19718 E Country Club Dr	27 C/o 2725 S.W. 27 AVE
23 City & State Aventura, FL	28 MIAMI, FL
24 Zip 33180 — 25 Country U.S.	29 33133 USA

9. Name and Address of Current Registered Agent

PEELER, LYNDA
7601 E TREASURE DR.
SUITE 1018
NORTH BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name: Lynda Peeler
82 Street Address (P.O. Box Number is Not Acceptable): 19718 E. Country Club Drive
83
84 City: Aventura — FL — 85 Zip Code: 33180

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 _____ (Signature, typed or printed name of registered agent and title if agent is a corporation) (NOTE: Registered Agent's signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS		
TITLE	D	11 TITLE	PRESIDENT	☒ Change ☒ Addition
NAME	PEELER, LYNDA	12 NAME	PEELER, LYNDA	
STREET ADDRESS	7601 E. TREASURE DR.,#1018	13 STREET ADDRESS	19718 E. COUNTRY CLUB DR.	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	14 CITY-ST-ZIP	AVENTURA, FL	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Lynda Peeler — Lynda Peeler — 7/18/95 — (305)866-0999
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)

CR2E034 (3/95)

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