

FILE NOW: FILING FEE / TER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
199**6**



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

DOCUMENT # V36939 (9)

1. Corporation Name

PROFESSIONAL TRAINING INSTITUTE, INC.

Principal Place of Business

LYNDA PEELER
7801 E. TREASURE DR. #1018
NORTH BAY VILLAGE FL 33141

Mailing Address

LYNDA PEELER
7801 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

1

4. FEI Number

65-0344035

Applied F.

Not Appl.

5. Certificate of Status Desired

☐

\$8.75 Additor
Fee Required

6. Election Campaign Financing

☐

\$5.00 May B.

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 19718 E. COUNTRY CLUB DRIVE

2a. Mailing Address

26 90 2725 S.W. 27 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 AVENTURA, FL

City & State

28 MIAMI, FL

Zip

24 33180

Country

25 USA

Zip

29 33133

Country

30 USA

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

PEELER, LYNDA
7801 E TREASURE DR.
SUITE 1018
NORTH BAY VILLAGE FL 33141

81 Name

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 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, 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 reinstated)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PEELER, LYNDA
7801 E. TREASURE DR. #1018
NORTH BAY VILLAGE FL 33141

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PRES./SECY./DIR. ☒ Change ☒

19718 E. COUNTRY CLUB DRIVE

AVENTURA, FL 33180

☐ Change ☐ A.

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ A.

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ A.

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ A.

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ A.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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***200.00

☐ Change ☐ A.

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 this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made on 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

305-596-2761

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