

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
7601 E. TREASURE DR.#1018
NORTH BAY VILLAGE FL 33141**

Mailing Address
**LYNDA PEELER
7601 E. TREASURE DR.#1018
NORTH BAY VILLAGE FL 33141**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 19718 E. COUNTRY CLUB DRIVE	2a. Mailing Address 28 90 2725 S.W. 27 AVE	3. Date Incorporated or Qualified 05/18/1992	3a. Date of Last Report 1
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0344035	Applied F. Not Applicable
23 City & State AVENTURA, FL	28 City & State MIAMI, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additor Fee Required
24 Zip 33180	29 Zip 33133	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May B. Added to Fees
25 Country USA	30 Country USA	7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 82 Street Address (P.O. Box Number is Not Acceptable) 19718 E. COUNTRY CLUB DRIVE 83 84 City AVENTURA FL 85 Zip Code 33180
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME PEELER, LYNDA	1.1 TITLE PRES./SECY./DIR.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> A
STREET ADDRESS 7601 E. TREASURE DR.#1018		1.2 NAME	
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141		1.3 STREET ADDRESS 19718 E. COUNTRY CLUB DRIVE	
		1.4 CITY-ST-ZIP AVENTURA, FL 33180	<input type="checkbox"/> Change <input type="checkbox"/> A
TITLE	NAME	2.1 TITLE	
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> A
TITLE	NAME	3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> A
TITLE	NAME	4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> A
TITLE	NAME	5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS 800001805908	
		5.4 CITY-ST-ZIP -05/03/96--01004--023	
		5.5 CITY-ST-ZIP ***200.00	<input type="checkbox"/> Change <input type="checkbox"/> A
TITLE	NAME	6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 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)(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 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: *[Signature]* DATE: **4/23/96** TELEPHONE: **305-596-2761**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR