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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Bureau & Museum
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **V56240 (7)**
1. Corporation Name
CAREER ENHANCEMENT INTERNATIONAL, INC.

Principal Place of Business Mailing Address
**1025 SOUTH SEMORAN BLVD.
SUITE 1009 1071
WINTER PARK FL 32792**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **08/05/1992** 3a. Date of Last Report **08/08/1994**
4. FEI Number **59-3137236** Applied For Not Applicable
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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1025 South Semoran Blvd** 26 **1025 South Semoran Blvd.**
22 **Suite 1071** 27 **Suite 1071**
23 **Winter Park, Fla.** 28 **Winter Park, Fla.**
24 **32792** 25 **USA** 29 **32792** 30 **USA**

9. Name and Address of Current Registered Agent
**CARROLL, PAUL J
187 STOVIN AVE.
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 of Agent or principal officer of registered agent) also _____ (Signature of Registered Agent (signature required when modifying)) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTC	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL J. CARROLL	2. NAME	
STREET ADDRESS	187 STOVIN AVE.	3. STREET ADDRESS	
CITY, ST, ZIP	WINTER PARK FL	4. CITY, ST, ZIP	
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, PAUL J	22. NAME	
STREET ADDRESS	187 STOVIN AVE.	23. STREET ADDRESS	
CITY, ST, ZIP	WINTER PARK FL	24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information furnished 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 file this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **PAUL J. CARROLL** *Paul J. Carroll* DATE: **1/13/95** **407)699-2420**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR