

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L97460** (4)

1. Corporation Name

ON LOCATION EDUCATION (FLORIDA), INC.



Principal Place of Business

**6401 WELLINGTON DR
ORLANDO FL 32819**

Maining Address

**C/O CHASTANG, FERRELL ETAL.
1400 W. FAIRBANKS AVENUE SUITE 102
WINTER PARK FL 32789
US**

2. Principal Place of Business

2a. Mailing Address

| | | | |
|----|---------------------|----|---------------------|
| 21 | State, Apt. #, etc. | 26 | State, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Zip |
| 24 | Country | 29 | Country |
| 25 | | 30 | |

3. Date Incorporated or Qualified
09/04/1990

3a. Date of Last Report
04/27/1995

4. FET Number
59-3031411

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

| | | |
|----|--|---------------------------------------|
| 81 | Name | Lawrence S. Chastang |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | Chastang Ferrell et al |
| 83 | | 1400 W Fairbanks Ave Suite 102 |
| 84 | City | Winter Park |
| 85 | State | FL |
| | Zip Code | 32789 |

11. Pursuant to the provisions of Sections 607.0601, 607.0602, 607.0603, 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. The 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 provisions of Florida Statutes.

SIGNATURE

[Handwritten Signature]

Lawrence S. Chastang

2/14/96

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | DPST | <input type="checkbox"/> DELETE |
| NAME | SIMON, ALAN | |
| STREET ADDRESS | 175 W. 92ND ST. #1D | |
| CITY, ST, ZIP | NEW YORK NY | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE | |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE | |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE | |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. TITLE | |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied in 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 supplementary 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

407-354-1111

CR2E034 (12/95)