

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 29 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F55553 (4)**

1. Corporation Name  
**INVESTMENT SEMINARS, INC.**



Principal Place of Business <b>1543 SECOND ST. SARASOTA FL 34236</b>	Mailing Address <b>1543 SECOND ST. SARASOTA FL 34236-8503</b>
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3. Date Incorporated or Qualified <b>11/23/1981</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2146454</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1258 N. PALM AVENUE</b>	2a. Mailing Address 26 <b>1258 N. PALM AVENUE</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>SARASOTA, FL</b>	City & State 28 <b>SARASOTA, FL</b>
Zip 24 <b>34236</b>	Country 25 <b>USA</b>
Zip 29 <b>34236</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>DRAKE, J. KEVIN, ESQUIRE</b> <b>1343 MAIN ST</b> <b>S204</b> <b>SARASOTA FL 34236</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GITHLER, CHARLES E.</b>	1.2 NAME	
STREET ADDRESS	<b>374 S. SHORE DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GITHLER, KIM K</b>	2.2 NAME	
STREET ADDRESS	<b>374 S. SHORE DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSSARD, DEBORAH H.</b>	3.2 NAME	
STREET ADDRESS	<b>515 MCKINLEY DR.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SARASOTA FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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: \_\_\_\_\_ Date: **4-25-97** Daytime Phone #: **(941) 955-0323**

CP2E034 (9/96)