


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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morahan Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K44477 (3)**

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

Principal Place of Business % MARY ALICE BRAUKMAN 636 19TH AVE. N.E. ST. PETERSBURG FL 33704	Mailing Address % MARY ALICE BRAUKMAN 636 19TH AVE. N.E. ST. PETERSBURG FL 33704
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
  
 95 JAN 31 AM 9:51  
  
 DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 11/09/1988	3a. Date of Last Report 02/21/1994
4. FEI Number 59-2918742	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BRAUKMAN, MARY ALICE**  
**108-29TH AVENUE NORTH**  
**ST. PETERSBURG FL 33706**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BRAUKMAN, MARY ALICE
STREET ADDRESS	636-19TH AVE N.E.
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	DV
NAME	GRASTORF, JEAN
STREET ADDRESS	636-19TH AVE N.E.
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	DV
NAME	GREENHAW, NANCY
STREET ADDRESS	6671 BOUGANVILLAEA AVENUE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	DS
NAME	TONER, MARILYN
STREET ADDRESS	636-19TH AVE N.E.
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	DT
NAME	PERILLO, ANNA
STREET ADDRESS	636-19TH AVE N.E.
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	R
NAME	TAYOR, IAIN
STREET ADDRESS	4513 LUMB AVE.
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 110.07(3)(b), 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: *Marilyn Toner* **MARILYN TONER** 1/27/95 (813) 526-0604  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR