


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

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 33704-4616		
2. Principal Place of Business 21 SUSAN HESS Suite, Apt. #, etc. 22 13354 2nd ST E City & State 23 MADEIRA Bch FL Zip Country 24 33708 25 USA		2a. Mailing Address 26 13354 2nd ST E Suite, Apt. #, etc. 27 MADEIRA Bch FL City & State 28 MADEIRA Bch FL Zip Country 29 33708 30 USA		3. Date Incorporated or Qualified 11/09/1988	
				3a. Date of Last Report 01/22/1996	
				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	
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BRAUKMAN, MARY ALICE 106-29TH AVENUE NORTH ST. PETERSBURG FL 33706			10. Name and Address of New Registered Agent 81 Name SUSAN HESS 82 Street Address (P.O. Box Number is Not Acceptable) 13354 2nd ST E 83 City MADEIRA Bch FL 85 Zip Code 33708		
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, 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 SUSAN HESS DP (NOTE: Registered Agent signature required when reinstalling) Susan Hess 3-28-97					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input checked="" type="checkbox"/> DELETE			
NAME	BRAUKMAN, MARY ALICE				
STREET ADDRESS	636-19TH AVE N.E.				
CITY-ST-ZIP	ST PETERSBURG FL				
TITLE	DV	<input checked="" type="checkbox"/> DELETE			
NAME	GRASTORF, JEAN				
STREET ADDRESS	636-19TH AVE N.E.				
CITY-ST-ZIP	ST PETERSBURG FL				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	GREENHAW, NANCY				
STREET ADDRESS	6871 BOUGANVILLEA AVENUE				
CITY-ST-ZIP	ST. PETERSBURG FL				
TITLE	DS	<input checked="" type="checkbox"/> DELETE			
NAME	TONER, MARILYN				
STREET ADDRESS	636-19TH AVE N.E.				
CITY-ST-ZIP	ST PETERSBURG FL				
TITLE	DT	<input checked="" type="checkbox"/> DELETE			
NAME	PERILLO, ANNA				
STREET ADDRESS	636-19TH AVE N.E.				
CITY-ST-ZIP	ST PETERSBURG FL				
TITLE	R	<input type="checkbox"/> DELETE			
NAME	TAYOR, IAIN IKIN				
STREET ADDRESS	4513 LUMB AVE.				
CITY-ST-ZIP	TAMPA FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Hess SUSAN				
1.3 STREET ADDRESS	13354 2nd ST E				
1.4 CITY-ST-ZIP	MADEIRA Bch FL 33708				
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	Doni Young				
2.3 STREET ADDRESS	8221 664th				
2.4 CITY-ST-ZIP	Pinellas Park, FL 33781				
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	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	Lee West				
4.3 STREET ADDRESS	9350 52 Way N.				
4.4 CITY-ST-ZIP	Pinellas Park, FL 33782				
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 does not qualify for the exemption stated in Section 119.07(3)(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: Susan Hess SUSAN HESS 3-28-97 813-738-1892					

CR2E034 (9/96)