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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 Mailing Address

% MARY ALICE BRAUKMAN
636 19TH AVE. N.E.
ST. PETERSBURG FL 33704

% MARY ALICE BRAUKMAN
636 19TH AVE. N.E.
ST. PETERSBURG FL 33704-4616

3. Date Incorporated or Qualified **11/09/1988** 3a. Date of Last Report **01/22/1996**

2. Principal Place of Business 2a. Mailing Address

21 **SUSAN HESS** 26 **13354 2nd ST E**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **13354 2nd ST E** 27

City & State City & State

23 **MADEIRA Bch FL** 28 **MADEIRA Bch FL**

Zip Country Zip Country

24 **33708** 25 **USA** 29 **33708** 30 **USA**

4. FEI Number **59-2918742** 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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

84 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** *Susan Hess* **3-28-97**

Signature typed or printed name of registrant agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	6671 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 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 <i>IRIN</i>	
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	Here SUSAN HESS	
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	Joni Young	
2.3 STREET ADDRESS	8221 64th	
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**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)