

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

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Secretary of State

03-09-1999 90057 009 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K44477

1. Corporation Name
WATERCOLOR SEMINARS, INC.



Principal Place of Business
 HESS, SUSAN
 13354 2ND ST E
 MADEIRA BEACH FL 33708
 US

Mailing Address
 13354 2ND ST E
 MADERIA BEACH FL 33708
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
11/09/1988

4. FEI Number
59-2918742

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
HESS, SUSANB
13354 2ND ST E
MADERIA BEACH FL 33708

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HESS, SUSAN	
STREET ADDRESS	13354 2ND ST EAST	
CITY-ST-ZIP	MADERIA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	YOUNG, TONI	
STREET ADDRESS	8221 64TH ST	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GREENHAW, NANCY	
STREET ADDRESS	6671 BOUGANVILLAEA AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SWETLAND, JOAN	
STREET ADDRESS	18104 HAVEN WOOD ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34610	
TITLE	R	<input type="checkbox"/> DELETE
NAME	TAYLOR, IKIN	
STREET ADDRESS	4513 LUMB AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE: *SUSAN HESS*

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99 727-391-8908
 Date Daytime Phone #

CR2E034 (1/198)