

4-22-98 B5248 c  
**FILE NOW. FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000090869 (4)**  
 1. Corporation Name  
**JESSE JAMES SEMINARS, INC.**



Principal Place of Business: **5279 ISLA KEY BLVD. SUITE #313 ST. PETERSBURG FL 33715**  
 Mailing Address: **5279 ISLA KEY BLVD. SUITE #313 ST. PETERSBURG FL 33715**

DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                           |
|--------------------------------|---------------------|---------------------|---------------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                           |
| 21                             | Suite, Apt. #, etc. | 26                  | <b>P.O. Box 66535</b>     |
| 22                             | City & State        | 27                  | City & State              |
| 23                             | Zip                 | 28                  | <b>ST. PETE BEACH, FL</b> |
| 24                             | Country             | 29                  | Zip                       |
|                                |                     | 30                  | <b>USA</b>                |

3. Date Incorporated or Qualified  
**11/06/1996**

4. FEI Number  
**65-0715445**

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**JAMES, JESSE**  
**5279 ISLA KEY BLVD.**  
**SUITE #313**  
**ST. PETERSBURG FL 33715**

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 \_\_\_\_\_ 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          | <b>PO</b>                      | <input type="checkbox"/> DELETE            |
| NAME           | <b>JAMES, JESSE H</b>          |  |
| STREET ADDRESS | <b>5279 ISLA KEY BLVD.</b>     |  |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL 33715</b> |  |
| TITLE          | <b>STD</b>                     | <input type="checkbox"/> DELETE            |
| NAME           | <b>YOUNG, BERNADETTE</b>       |  |
| STREET ADDRESS | <b>2800-59TH CIRCLE SO.</b>    |  |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL 33712</b> |  |
| TITLE          | <b>D</b>                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>HAVENS, RICHARD</b>         |  |
| STREET ADDRESS | <b>1595 CORAL WAY S.</b>       |  |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL 33705</b> |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE            |
| NAME           | <b>CORNEALIUS, GEORGE</b>      |  |
| STREET ADDRESS | <b>718 SO. HOWARD AVE.</b>     |  |
| CITY-ST-ZIP    | <b>TAMPA FL 33606</b>          |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE            |
| NAME           | <b>SCHWARTZ, JOHN</b>          |  |
| STREET ADDRESS | <b>145 MARINA DEL RAY</b>      |  |
| CITY-ST-ZIP    | <b>SAND KEY FL 34630</b>       |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> DELETE            |
| NAME           | <b>POOLE, DON</b>              |  |
| STREET ADDRESS | <b>3409 WEST LEMON, #6</b>     |  |
| CITY-ST-ZIP    | <b>TAMPA FL 33609</b>          |  |

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.

SIGNATURE: \_\_\_\_\_ DATE: **4-15-98** **913-86-1583**

CR2E034 (10/97)