FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED									
Mar 30 1998 8:00am									
Secretary of State									

DOCUI	MENT # 733434	i (5)							
1	'N SEMINARS, INC.					e 1 48 111 1883 1 1183 14114 6184 61	16 S4S4 S1841 S18	ın 416 11 618 11 5 1	itis Gathi (Gt)
Principal Place of Business Mailing Address						L INDRIN INDER LINDA HINI BIDAK III		il Biñil Binin al	1011 G1011 1001
5934 N.E. 65TH ST. 5934 N.E. 65TH ST.					H	3. Date Incorporated or Qualified			
SILVER SPRING US	3S FL 34488	SILVER SPRINGS FL 34488 US		L	06/19/1984				
		•••				4. FEI Number			plied For
2. Principal Place of Business 2e. Mailing Address						<u>59-1686622</u>		\$8.75	t Applicable
21		26				5. Certificate of Status Desired		— — · · ·	equired
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.	- 7			6. Election Campaign Financing	- -1	\$5.00	
City & State	A	City & State				Trust Fund Contribution	hamaayyaar	Added to	
23	•	28	_			7. Is this nonprofit corporation a homeowners association?			
Zip	Country	Zip	Countr	<u>у</u>		8. This corporation owes or has			
24	9. Name and Address of Current	29 30	0			Personal Property Tax due Ju 10. Name and Address of New I] No
	3. Name and Address of Current	negraterou Agent	81	Name		IV. HAIRE BIRD ACCIDES OF HER	iogistered /	- Ageint	
UTTLE.	ROBERT A.		82	Street	Addrose	(P.O. Box Number is Not Accept	ahle)		
5934 N.E. 65TH ST.					. Address	(r.o. box Nomber is Not Accept	abio		
SILVER SPRINGS FL 34488				3					
			84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statutes.	the abov	ve-namec	d corpora	tion submits this statement for the		changing it	s registered
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was autitions of, Section 617,0503, Florid	thorized b	by the cores.	rporation'	s board of directors. I hereby acc	ept the app	ointment as	registered
SIGNATURE									
12.	Signature, typed or printed name of registered ager OFFICERS AND		Registered A	gent signatur	re required w	then reinstating) ADDITIONS/CHANGES TO OF	DATE	DIRECTOR	S IN 12
TITLE	P	DELETE	1.1 TITLE		1	ADDITIONO OF INITIAL OF TO OF	TOEFIO FAILE	Change	Addition
NAME	LITTLE, ROBERT A.		1.2 NAME	<u>:</u>					
STREET ADDRESS	5934 NE 65TH ST.		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	SILVER SPRINGS FL		1.4 CITY-		ļ				114.00
TITLE	D	☐ DELETE	2.1 TITLE		1			Change	☐ Addition
STREET ADDRESS	FERNANDEZ-ROCHA, LUIS DF 3861 S. MIAMI AVE.	1	2.2 NAME	ET ADDRESS					
CITY-ST-ZIP	MIAMI FL		2.4 CITY						
TITLE	S	DELETE	3.1 TITLE		1			Change	Addition
NAME	LITTLE, BARBARA		3.2 NAME						
STREET ADDRESS	16715 S.W. 82ND CT.		1	T ADDRESS					
CITY-ST-ZIP	MIAMI FL	Decree	3.4. CITY					T Obsess	Addition
TITLE	D ANIMONY DODGOT	☐ DELETE	4.1 TITLE					Change	☐ ¥000000
NAME STREET ADDRESS	MUNSICK, ROBERT 9540 FORDHAM ST.		4.2 NAMI	E Et adoress					
CITY-ST-ZIP	INDIANAPOLIS IN		4.4 CITY-						
WILE	D	☐ DELETE	5.1 TITLE		1			Change	Addition
NAME	MOLLOY, DAVID		5.2 NAME		1				
STREET ADDRESS	17422 E. FLAT ROCK DR.		5.3 STREE	ET ADDRESS					
CITY-ST-ZIP	FOUTAIN HILLS AZ		5.4 CITY-	ST-ZIP	1				

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE NAME

STREET ADDRESS

☐ DELETE

Change

Addition