

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 840008 (7)**

1. Corporation Name  
**GROWTH INSTITUTES, INC.**



Principal Place of Business <b>175 LOOKOUT PLACE                  ATE. 101                  MAITLAND FL 32751</b>	Mailing Address <b>175 LOOKOUT PLACE                  ATE. 101                  MAITLAND FL 32751</b>
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3. Date Incorporated or Qualified  
**02/13/1978**

4. FEI Number  
**23-7105937**

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**VON HILSHEIMER, GEORGE  
 100 W. TROTTERS DR.  
 MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VON HILSHEIMER, GEORGE</b>	1.2 NAME	
STREET ADDRESS	<b>100 W. TROTTERS DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARNER, JONNIE M</b>	2.2 NAME	
STREET ADDRESS	<b>1105 CHICHESTER ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODWARD, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>6097 CROSSBOW LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ORANGE FL 32124</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILL, GREG</b>	4.2 NAME	
STREET ADDRESS	<b>740 LINCOLN RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL 32724</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRIEND, TOMM</b>	5.2 NAME	
STREET ADDRESS	<b>2924 TURNBULL BAY RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA FL 32168</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCOY, ROBERT</b>	6.2 NAME	
STREET ADDRESS	<b>649 TURNPIKE RD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GOLDEN VALLEY MN 55416</b>	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.

SIGNATURE: *[Signature]* 4/29/98 (407) 444-6464

CR2E037 (10/97)