

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F42535** (7)
1. Corporation Name
CURRENT CONCEPT SEMINARS, INC.



Principal Place of Business
**1111 S.W. 17TH STREET
OCALA FL 34474**

Mailing Address
**1111 S.W. 17TH STREET
OCALA FL 34474-3526**

3. Date Incorporated or Qualified
08/28/1981

3a. Date of Last Report
01/23/1996

2. Principal Place of Business 21 3300 SW 34 Ave Suite, Apt. #, etc. 22 102 City & State 23 OCALA, FL Zip 24 34474	2a. Mailing Address 26 3300 SW 34 Ave Suite, Apt. #, etc. 27 102 City & State 28 OCALA, FL Zip 29 34474	4. FEI Number 59-2123432	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**ISENHOUR JAMES KIRK
1111 S.W. 17TH STREET
OCALA FL 34474**

Address change only

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3300 SW 34 Ave
83 Suite
102
84 City
OCALA, FL
85 Zip Code
FL 34474

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISENHOUR JAMES KIRK	1.2 NAME	
STREET ADDRESS	1111 S.W. 17TH STREET	1.3 STREET ADDRESS	<i>Change to above address</i>
CITY - ST - ZIP	OCALA FL 34474	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, A. DOUGLAS	2.2 NAME	
STREET ADDRESS	1111 S.W. 17TH STREET	2.3 STREET ADDRESS	<i>Change to above address</i>
CITY - ST - ZIP	OCALA FL 34474	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAHAS, TANZEE	3.2 NAME	
STREET ADDRESS	1111 S.W. 17TH STREET	3.3 STREET ADDRESS	<i>change to above address</i>
CITY - ST - ZIP	OCALA FL 34474	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ALFRED B	4.2 NAME	
STREET ADDRESS	1111 S.W. 17 ST	4.3 STREET ADDRESS	<i>change to above address</i>
CITY - ST - ZIP	OCALA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

Date

352-893-7757

Daytime Phone #

CR2E034 (9/96)