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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

· ·	MENI# F7540	61 (6)			
UUN P	OWELL SEMINARS, INC.				
Principal Plac	e of Business	Mailing Address			<u> </u>
16100 NE 16 AVE NORTH MIAMI BCH FL 33162		16100 NE 16 AVE			
		NORTH MIAMI BCH FL 33162		DO NOT INCIDE IN THE ORIGINA	
				DO NOT WRITE IN TH  3. Date Incorporated or Qualified	IIS SPACE
				04/07/1982	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2178250	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		o. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible  XYes No
	9. Name and Address of Cur		[00]	10. Name and Address of New Register	
POWELL, DONALD F 81 Nam					
16100 NE 16 AVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
NN	MIAMI BCH FL 33162				
			83		
			84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	es. the above-named cor	poration submits this statement for the purpos	e of changing its registered
office or re agent, I a	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was a bligations of Section 607,0505. Flo	authorized by the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the a	appointment as registered
SIGNATURE	Of the transfer of the second contract of the	rigations of section sof resca, the	AIGH GILIGIOG.		
	Signature, typod or printed name of registered		L. Registored Agent signature requ		
12.	OFFICERS :	AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	•	L.J UELEIE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	POWELL, DONALD F 16100 NE 16 AVE		1.2 NAME		
CITY-ST-ZIP	N MIAMI FL		1.3 STREET ADDRESS		
TITLE	(1 months i E	DELETÉ	1.4 CITY-SY-ZIP 2.1 TITLE		Change Addition
NAME		··	2.2 NAME		Li Olivido Li rioscioni
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	The state of the s	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
THTLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	No. of the second secon	DELETE	4.4 CITY-ST-ZIP		Change Addition
NAME			5.1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-\$1-ZIP			5.4 CITY - ST - ZIP		
TOLE		☐ D£LETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		_ ,
STREET ADDRESS			6.3 STREET ADDRESS		
OUT TO VID			2 . 2.7.4 27 712		:

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 13 if changed, or on an attachment with an address.

**FILED** 

Jan 20 1998 8:00am

Secretary of State