

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **K17758** (9)

1. Corporation Name
SVENSON INSTITUTES, INC.

Principal Place of Business	Mailing Address
319 CLEMATIS ST., STE 618 W PALM BEACH FL 33401	319 CLEMATIS ST., STE 618 W PALM BEACH FL 33401

3. Date Incorporated or Qualified 03/10/1988	3a. Date of Last Report 06/23/1994
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4. FEI Number 65-0045727	Applied For Not Applicable
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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

8. This corporation has liability for a franchise fee under S. 125.032, Florida Statutes Yes No

2. Principal Place of Business	2a. Mailing Address
21 " " "	26 14284 Ardel Dr.
22 Suite, Apt. #, etc. STE 118	27 Suite, Apt. #, etc.
23 City & State " "	28 Palm. Bch. Gard., Fl.
24 Zip " "	29 33410
25 Country " "	30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWEETSER, MARIA J.
319 CLEMATIS ST 618
W PALM BCH FL 33401

81 Name SWEETSER, MARIA J.
82 Street Address (P.O. Box Number is Not Acceptable) 14284 Ardel Dr.
83
84 City Palm Bch. Gard. Fl.
85 Zip Code FL 33410

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 Maria J. Sweetser **MARIA J. SWEETSER** 4-20-95
(Applicant, officer or principal agent of registered agent and filer if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SWEETSER, MARIA J.
STREET ADDRESS	14284 ARDEL DR
CITY ST ZIP	PALM BEACH GRDNS FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(k), 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: Maria J. Sweetser **MARIA J. SWEETSER** 4-20-95
(Applicant, officer or principal agent of registered agent and filer if applicable) (NOTE: Registered Agent signature required when reinstating) DATE