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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K63633

(7)

Mailing Address

FLORIDA BATTERY SEMINARS, INC.

FILED
Apr 16 1997 8:00am
Secretary of State

8/184 11/18 11/19)

Suite, Apt #, etc Suite, Apt #, etc. Suite, Apt #, etc. 5, Certificate of Status Desired S8.75 Additional Fee Required City & State Trust Fund Contribution Added to Fees Plovida Statutes	1900 COCOANI BOGA RATON		1900 COCOANUT RD. BOCA RATON FL 33432-80	036							
Suite, Apt #, etc. Suite,							02/06/1989			port	
Surie, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired \$8.75 Additional Fee Required City & State City & Statutes Cit	2. Principal P	lace of Business	2a. Mailing Address				1		Ap	plied For	
City & State	21						65-0103699				
28 Trust Fund Contribution Added to Fees Zip Country Zip Country B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes (2/45) 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WOLSKY, AMY S. 2836 BANYAN BLVD. CIRCLE N.W. BOCA RATON FL 33431 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 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 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 are thic if applicable (NOTE Registered Agent sognature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP DELETE 11 TITLE WOLSKY, SUMNER P. 12 NAME SIREET ADDRESS 1900 COCOANUT RD. 13 STREET ADDRESS CHT-S1-7P BOCA RATON FL DELETE 2.1 TITLE DT Change Addition	Suite, Apt.	#, etc.	27				5. Certificate of Status Desired				
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14. I do hereby certify that the information supplied with this fling does not quality for the exemption stated in Section 119.07(3)(i), Forida Statutes. I further certify final 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:

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. WOLSKY

4/5/97 53/39/5 Date Daytime Phone 1