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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

L71569

(2)

HILTON JOHNSON SEMINARS, INC.

Principal Place of	Rusiness	Mailing Address				
Principal Place of COMMERC LAUDERDALE-E	HAL BLVD #1303 HY-THE-SEA FL 33308	2240-COMMERCIAL BL' LAUDERDALE-BY-THE-	VD #303 SEA FL 33308			
				3. Date Incorporated or Qualified 05/07/1990	05/07/1990 04/20/1995	
Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 65-0193274		Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7 -	3.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	Zip	Country 30	8. This corporation has liability for Florida Statutes		ler s 199.032,
L	9 Name and Address of Curre	nt Registered Agent	_[30]	10. Name and Address of New		t
	9. Hame and Address of Conc	in riogistores rigein	81 Name			
JOHNSON, HILTON			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
LAUDERD	MERCIAL BLVD #30.3 DALE-BY-THE-SEA FL 33308		83			
			84 City		FL 85	Zip Code
		0.074502 50 14 01	too the above seemed seem	poration submits this statement for the population of directors. I hereby accept the ap	urrose of changing	its registered office
IGNATURE s 2.		ND DIRECTORS	OTE: Registered Agent signature requ	ired when reinstating: ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRI	
TLE.	DP JOHNSON, HILTON	DELETE	1. 1 TITLE 12 NAME		[] Մո	ange [] Audition
IREET ADDRESS	3700 GALT OCEAN DR		1.3 STREET ADDRESS			
ITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY - ST - ZIP			
TLF	ST	☐ DELETE	2 1 TITLE		□ ch	ange 🖺 Addition
AME	JOHNSON, HILTON		2.2 NAME			
TREET ADORESS	3700 GALT OCEAN DR		2 3 STREET ADDRESS			
ITY - ST - ZIP	FT LAUDERDALE FL	DELETE	2.4 CITY - ST - ZIP 3. 1 TITLE		r⊤ cr	nange Addition
TLE			3.7 (112E 3.2 NAME		_	
AME TREET ADDRESS			3.3 STREET ADDRESS			
ITY-S1-ZIP			34 DITY-ST-ZIP			,
ITLE		DELETE	4 1 THLE		☐ Cf	nange
AMĒ			4 2 NAME			
TREET ADDRESS			4.3 STREET ADDRESS			
ITY-ST-ZIP		T OFFER	4.4 C(TY - S1 - Z(P			hange
ITLĒ		DELETE	5. 1 TITLE			T Violation
AME			5 2 NAME			
TREET ADDRESS			53 STREET ADDRESS			
ITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6 1 TITLE			hange Addition
IIILE JAME		F1 222.16	6.2 NAME			
NAME STREET ADDRESS			6 3 STREET ADDRESS			
0.T., DT 71D			6.4 CHTY - \$1 - 7 IP			
certify that	y certify that the information supplied the information indicated on this are I am an officer or director of the con Block 12 or Block 13 if changed, o	nnual report or supplemental a moration or the receiver or trus	irnished and does not qual nnual report is true and acc stee empowered to execut	ify for the exemption stated in Section 1 urate and that my signature shall have t this report as required by Chapter 607,	19.07(3)(k), Florida he same legal effe Florida Statutes; a	Statutes. I further ct as if made under and that my name

SIGNATURE: HILTON TORNSON X 1 1 4/3/96 (954)491-89