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

DOCUMENT # M45346

(7)

C. P. E. SEMINARS, INC.

Principal Place of Business

Mailing Address

FILED Jan 21 1998 8:00am Secretary of State



C/O MARVIN B. SEIDMAN 8501 S.W. 29 ST. MIAMI FL 33155				C/O MARVIN B. SEIDMAN 8501 S.W. 29 ST. MIAMI FL 33155					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/23/1987		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied For 59-2756696 Not Applied		
Suite. Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State				City & State					6. Election Campaign Financing \$5.00 May Be		
23				28					Trust Fund Contribution Added to Fees		
Zip	Country 25			Zip Country			У		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
9. Name and Address of Current									10. Name and Address of New Registered Agent		
SEI	DMAN. MARV		81 Name			١	Vame	1 (2 (1) (2) (2) (3) (3)			
8501 S.W. 29 ST.							1 8	Street Addres	ddress (P.Q. Box Number is Not Acceptable)		
MIAMI FL 33155											
						84	0	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 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 reinstaling) DATE											
12.	angituturo, typoo or p	OFFICERS A	-		13		ω i ξ σ	gradic radosco	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD			☐ DELETE		TITLE			Change Addi	tion	
NAME	SEIDMAN,	Marvin B.			1.2	NAME					
STREET ADDRESS	8501 S.W.		1.3			1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL			1.4			1.4 CITY-ST-ZIP				
TITLE				☐ DELETE	2.1	TITLE			Change Addi	tion	
NAME					2.2	NAME					
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CITY-ST-ZIP						2. 4 CITY-ST-ZIP]		
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NAME				4.21							
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CITY-ST-ZIP							4.4 CITY-ST-ZIP				
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CITY-ST-ZIP						CITY-S1	T- 21	P			
TITLE				☐ DELETE		TITLE			Change Addit	ion	
NAME					6.2	NAME			•		
STREET ADDRESS					6,3	STREET	ADD	RESS			
CITY-ST-ZIP				6.4 CITY-						_	
14. Thereby ce	entry that the inf	formation supplied	with this fi	ing does not qualify	for the ex	kempt	เเดท	stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information	ות וונ	

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.

308-221-8271