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Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M83609 (1)

1. Corporation Name  
PROFESSIONAL SEMINAR PLANNERS, INC.



Principal Place of Business

6 CAPITOL COURT  
#315  
POMPANO BEACH FL 33073  
US

Mailing Address

6 CAPITOL COURT  
#281  
POMPANO BEACH FL 33073  
US

3. Date Incorporated or Qualified 06/02/1988  
3a. Date of Last Report 04/09/1996

2. Principal Place of Business

21 6 CAPITOL CT.  
Suite, Apt. #, etc.

2a. Mailing Address

26 6 CAPITOL CT  
Suite, Apt. #, etc.

4. FEI Number 65-0061517  
Applied For Not Applicable

22 City & State

23 DEERFIELD BEACH, FL

27 City & State

28 DEERFIELD Bch FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33442

25 Country US

29 Zip 33442

30 Country US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STROUSBERG, MARILYN  
6 CAPITAL CT.  
INDEPENDENCE BAY  
POMPANO BEACH FL 33073

10. Name and Address of New Registered Agent

81 Name STROUSBERG, MARILYN  
82 Street Address (P.O. Box Number is Not Acceptable) 6 CAPITAL CT  
83 INDEPENDENCE BAY  
84 City DEERFIELD BEACH FL 85 Zip Code 33442

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 Marilyn Strousberg (MARILYN STROUSBERG) Pres. 1-27-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STROUSBERG, MARILYN	
STREET ADDRESS	6 CAPITAL CT. INDEP. BAY	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STROUSBERG, MARILYN	
1.3 STREET ADDRESS	6 CAPITAL CT. INDEPENDENCE BAY	
1.4 CITY - ST - ZIP	DEERFIELD BEACH, FL 33442	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marilyn Strousberg, MARILYN STROUSBERG 1-27-97 954 480-9069  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CP2E034 (9/96)