## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M89211

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SEMINAR NETWORK INTERNATIONAL, INC.

Principal Place of Business	Mailing Address	
C/O LARRY E. LOVING 618 N. FEDERAL HWY. LAKE WORTH FL 33460	C/O LARRY E. LOVING 518 N. FEDERAL HWY. LAKE WORTH FL 33460-3160	

**FILED** Jul 11 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address						( 4801001) 401 FD(18 50110 1300) 41001 1101	; ABDIADII ADI HAVID HAVID KIDAN KIDAN TUBU TIRIK BIBIK DIDIK BIDIK BIBIK BIBIK DIBIK DIDIK EDEK			
C/O LARRY E. 518 N. FEDER LAKE WORTH	AL HWY.	518 N. FEDERAL H	C/O LARRY E. LOVING 518 N. FEDERAL HWY. LAKE WORTH FL 33460-3160							
						3. Date Incorporated or Qualified 07/12/1988	3a. Date 07/09/	of Last Report <b>/1996</b>		
2. Principal F	Place of Business	2a. Mailing Addres	s			4. FEI Number		Applied For		
21		26	26		65-0063286	Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, e	Suito, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & Stal	te	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	<del> </del>			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 🛣 Yes 🔲 No				
	9. Name and Address of Curre	nt Registered Agent			7991	10. Name and Address of New Re	gistered Age	ent		
LOV	/ING, LARRY E.			81	Name					
	N. FEDERAL HWY. (E WORTH FL 33460		82 Street			ddress (P.O. Box Numbor is Not Acceptable)				
				83						
				84	Crty		FL	35 Zip Code		
office or a	to the provisions of Sections 607.05 registered agent, or both, in the Stal am familiar with, and accept the obti	e of Florida. Such change	was author	rized by	the corpora	rporation submits this statement for the patient's board of directors. I hereby acceptions	ourpose of ch of the appoint	anging its registered Iment as registered		
SIGNATURE			·· <b>-</b>							
40	Signature, typed or printed name of registered a	gont and title if applicative.  ND DIRECTORS			nt signature req	ured when reinstaling)	DATE OF AND OF	DECTORS (AL 40		
12.	OFFICERS AF	NO DIRECTORS DELE		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition				
TITLE	OI	ULI &	IE 1	L1 TITLE				Change LI Addition		

agent. I a	m familiar with, and accept the obligations of, Section 607.	0505, Florid	a Statules.	oration's board or oraciois. Thereby accept the ap	pointinent as	rogistorea
SIGNATURE	Signature, typed or printed name of registered agen; and title if applicable.	(NOIE: Re	postereo Agent signature	required when reinstalling] DATE		
12.	OFFICERS AND DIRECTORS	(1)	13.	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	S IN 12
TITLE	ST DE	LETE	1.1 TITLE		Change	Addition
NAME	LOVING, LARRY E.		1.2 NAME			
STREET ADDRESS	1424 S. PALMWAY		1.3 STREET ADDRESS			
CITY+ST-ZIP	LAKE WORTH FL		1.4 C(1) Y - ST - Z(P			
TITLE	P DE	LE1E	2.1 1111.1		Change	Addition
NAME	LOVING, JEAN E.		2.2 NAME			
STREET ADDRESS	1424 S PALMWAY		2 3 STREET ADDRESS			•
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY - \$1 - ZIP			
TITLE	VP DE	LETE	3.1 TITLE		Change	Addition
NAME	PUTZAN, NANCY S.		3 2 NAME			
STREET ADDRESS	318 MONCEAUX RD.		3.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH. FL		3 4. C/1Y - S1 - Z/P			
TITLE	D DE	LETE	4.1 TITLE		Change	☐ Addition
NAME	PUTZAN, CONRAD S.		4. 2 NAME			
STREET ADDRESS	318 MONCEAUX RD.		4.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH. FL		4.4 CHY-S1-ZIP			
TITLE	□ DÉ	LETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		·	5.4 CITY-ST-7IP			
TITLE	□ DE	LETE	611NTLE		Change	Addition
NAME			6 2 NAME			
STREET ADDRESS		1	6.3 STREE1 ADDRESS			
CITY-ST-ZIP	•		6.4 CITY - S1 - ZIP			

14. I do hereby cortify that the information surfried information indicated on this annual report of a man an officer or director of the corporationyor appears in Block 12 or Block 13 if changely or for the exemption stated in Soction 119.07(3)(i), Florida Statutes. I further certify that the countries and that my signature shall have the same legal effect as if made under oath; that ded to execute this report as required by Chapter 607, Florida Statutes; and that my name

561-582-5349