SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

## NONPROFIT CORPORATION ANNUAL REPORT



### FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

### DOCUMENT # N34787

(4)

# **FILED** Sep 02 1998 8:00am' Secretary of State

Principal Place of Business   Malling Address	NAPLES LITERARY SEMINAR, INC.					
### APRES FL 33940  ### AP	Principal Place of Business Malling Address					
22. Molificate of Business   22. Molificate   38   5. Certificate of Status Desired   \$8.75 Additional   58   58   58   58   58   58   58   5	I TY TOTAL AND A SECOND TO THE				10/19/1989 4. FEI Number Applied For	
SUIT, Apt. 8, 40.  20		lace of Business			5. Certificate of Status Desired \$8.75 Additional	
City & State     City & Country   Zip   City	Suite, Apt. #, etc.		<del>                                     </del>			
28   Section	22				Trust Fund Contribution Added to Fees	
Zip Country Zip Country	City & Stat	0				
25   38   30   Personal Property Tax of use June 30   160   100	Zip	Country	<del>                                     </del>	Country		
SEXTON, DAYD N. 1167 THIRD STREET SOUTH NAPLES FL 33940  11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered adoptive or legistered south in the State of Florida. Such change was authorized by the corporations board of directors. I heraby accept the exponent of such change was authorized by the corporations board of directors. I heraby accept the exponent of such change was authorized by the corporations board of directors. I heraby accept the exponent of such change was authorized by the corporations board of directors. I heraby accept the exponent of section 51.000, Fortian Subtitute.  SIGNATURE    OFFICERS AND DIRECTORS   13.	24	— ·	<b>⊢</b> ' ⊦	30	, , , , , , , , , , , , , , , , , , , ,	
SEXTON, DAVID N. 1167 THIRD STREET SOUTH NAPLES FL 33940  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of sections 617,0502 and 617,1508, Florida Statulus, the above agent, or both, in the State of Florida, Such change was surhorized by the corporation's submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, section 617,0503, Florida Statulus, the observation is board of directors. I hereby accept the appointment as registered agent, are familiar with, and accept the obligations of, section 617,0503, Florida Statulus, the observation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, section 617,0503, Florida Statulus, the observation is board of directors. I hereby accept the appointment as registered agent, and the familiar with, and accept the obligations of, section 617,0503, Florida Statulus, the acceptable of the obligations of, section 617,0503, Florida Statulus, the acceptable of the objective of the object	<del></del>				10. Name and Address of New Registered Agent	
1167 THIRD STREET SOUTH NAPLES FL 33940  84 City  FL 85 ZP Code  11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. and accept the obligations of, section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. It am findlier with, and accept the obligations of, section 617.0503, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and site of applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE D DELETE 1.1 TITLE CHANGE STORES SOURCES SOUR				81 Name		
1167 THIRD STREET SOUTH NAPLES FL 33940  84 City  FL 85 ZP Code  11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. and accept the obligations of, section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. It am findlier with, and accept the obligations of, section 617.0503, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and site of applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE D DELETE 1.1 TITLE CHANGE STORES SOURCES SOUR	SEXTON DAVID N				Address (P.O. Box Number is Not Acceptable)	
### City						
1. Pursuant to the provisions of sections 617.0502 and 617.1508. 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 epipointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epipointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epipointment as registered segment, and interest agent. I make the financial control of the purpose of change is a complete the epipointment as registered agent. I hereby accept the epipointment as registered agent. I make the purpose of change is a complete the epipointment as registered agent. I make the purpose of change is a complete to the epipointment as registered agent. I hereby accept the epipointment as registered agent. I have registered agent agents required where registered agent agents required agent agents. I have registered agent agents req	NAPLES F	L 33940		83		
11. Pursuant to the provisions of sections 617.0502 and 617.1509. Hondos Statutes, the above-named corporation submits this statement for the purpose of changing its registered on office or registered agent, or both, in the State of Florids, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent and title of applicable.  SIGNATURE  Topic or printed name of registered agent and title of applicable.  PAPER AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  D  FARRINGTON, CAROL C.  12. NAME  SIRRETADORESS  CITY-ST-2P  NAPLES FL  D  D DELETE  22. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. ACITYST-2P  15. TITLE  D D DELETE  23. TITLE  D Change Addition  Addition  NAME  SIRRETADORESS  CITY-ST-2P  TITLE  D D DELETE  33. TITLE  D Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. ACITYST-2P  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. TITLE  D Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. TITLE  D Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. TITLE  D Change Addition  Add				84 City	85 Zip Code	
12.	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 617.0503, Florida Statutes.  SIGNATURE					
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TITLE	<b> </b>					
NAME   SEXTON, PATTY   22 NAME   23 STREET ADDRESS   24 CITY-ST-ZIP			DELETE		Change Addition	
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CITY-ST-ZIP         NAPLES FL         3.4 CITY-ST-ZIP           TITLE					†	
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CfTY-ST-ZIP 6.4 CITY-ST-ZIP	NAME			6.2 NAME		
	STREET ADDRESS			6.3 STREET ADDRESS		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapged, or on an attachment, with an address.

FICER OR DIRECTOR