

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N42633 (0)

1. Corporation Name

MID-WINTER SEMINARS, INC.



Principal Place of Business

500 E BROWARD BLVD  
SUITE 1130  
FT LAUDERDALE FL 33394

Mailing Address

500 E BROWARD BLVD  
SUITE 1130  
FT LAUDERDALE FL 33394

3. Date Incorporated or Qualified  
03/21/1991

3a. Date of Last Report  
03/09/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PRESS, MARTIN R.  
500 E BROWARD BLVD  
SUITE 1130  
FT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

MORGANSTINE, MARC

STREET ADDRESS

2430 NE 201ST ST

CITY-ST-ZIP

N MIAMI BEACH FL

TITLE

D

☐ DELETE

NAME

BLITZ, JULIAN

STREET ADDRESS

599 S FEDERAL HWY

CITY-ST-ZIP

DANIA FL

TITLE

D

☒ DELETE

NAME

MARGOLIS, MICHAEL

STREET ADDRESS

4065 SW 40TH AVE

CITY-ST-ZIP

HOLLYWOOD FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

D

☒ Change

1.2 NAME

MORGANSTINE, MARC

1.3 STREET ADDRESS

2516 PRINCETON COURT

1.4 CITY-ST-ZIP

FT LAUDERDALE, FLA 33327

2.1 TITLE

D

☐ Change

☒ Addition

2.2 NAME

RIZZO, MARILYN

2.3 STREET ADDRESS

1714 N. 40TH AVE

2.4 CITY-ST-ZIP

HOLLYWOOD, FLA. 33021

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Marc Morganstine*

MARC MORGANSTINE

4-10-96 (305) 364-2107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

5/1/96