

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90059 041 \*\*\*\*61.25

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**DOCUMENT # N42633**

1. Corporation Name

**MID-WINTER SEMINARS, INC.**

Principal Place of Business

2516 PRINCETON CT  
WESTON FL 33327-1501  
US

Mailing Address

2516 PRINCETON CT  
WESTON FL 33327-1501  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**03/21/1991**

4. FEI Number

**65-0294219**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

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

TITLE ☐ DELETE

NAME **D MORGANSTINE, MARC**  
STREET ADDRESS **2516 PRINCETON CT**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **D BLITZ, JULIAN**  
STREET ADDRESS **599 S FEDERAL HWY**  
CITY-ST-ZIP **DANIA FL**

TITLE ☐ DELETE

NAME **RIZZO, MARILYN**  
STREET ADDRESS **1714 N. 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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

*Marc Morganstine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MORGANSTINE**

**1/7/99** **305/364-2107**  
Date Daytime Phone #

CR2E037 (11/98)