

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N42633

1. Entity 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**



01232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0294219

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000043083
02/10/04-80051-013 61.25**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BLITZ, JULIAN
19707 TURNBERRY WAY APT 12J
AVENTURA, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RIZZO, MARILYN
1714 N. 40TH AVE
HOLLYWOOD, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marc Morganstine
DO MARC MORGANSTINE

2/6/04

(305) 384-2107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #