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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9500002440 (4)

## SENIOR INFORMATION SEMINARS, INC.

## FILED Jan 17 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				IIII <b>go</b> hid <b>de</b> hab mahk bibik	#1#19 ##11 ###1
328 N.W. 37TH WAY DEERFIELD BEACH FL 33442-7315		328 N.W. 37TH WAY DEERFIELD BEACH FL 33442-7315					
ACCKLIFT REV	NUT FL 33444:7313	DECULICLU DENOTI FL	0399E-/313		3. Date Incorporated or Qualified 05/22/1995	3a. Date of Last f	Report
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26		CE_CE AEEOO		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional lequired
City & State	е	City & State	*********		6. Election Campaign Financing	\$5.00	May Be
:3		28	,		Trust Fund Contribution	☐ Added	to Fees
Zip	Country	Zip		intry	8. This corporation has liability for in		s. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Reg	listered Agent	
				81 Name			
MILLER, NORMAN J 328 N.W. 37TH WAY			82 Street Ad		dress (P.O. Box Number is Not Acceptable)		
	ELD BEACH FL 33442			83			
				84 City		<b>85</b> Zip	Code
				<u> </u>	poration submits this statement for the pu ation's board of directors. I hereby accep-	FL C	
agent. I a	and armial than and accept the cong						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable	(NOTE: Registere	d Agent signature requ	pired when reinstaling)	DATE	00 11 12
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I do hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), Forda Statutes. 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 ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed, or only an attachment yeth an address.

SIGNATURE

MAN THE PRINTED NAME OF SIGNING

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

76/96

Daylime Phone # 0042994