FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90218 013 ****61.25

DOCUMENT #	N97000003345
DOCUMENT#	

1. Corporation Name

SENIOR ADVISORY SEMINARS INC.

Pri	ncip	al P	lace	of	Business
m	SYI	VIΔ	PI A	CE	

Mailing Address

|--|

20 SYLVIA PLACE 20 SYLVIA PLACE OLDSMAR FL 34677-2316					
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed
21		26			06/09/1997
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number ALICALIAN Applied For
22	·	27			APPLIED FOR 047 4 1/8 Not Applicable
City & State	e	City & State			5. Certificate of Status Desired \$8.75 Additional
23		28			5. Certificate of Status Desired Fee Required
Zip	Country	Zip	Country	/	6. Election Campaign Financing \$5.00 May Be
24	25	29	30		Trust Fund Contribution Added to Fees
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
BARRETT,	IEO I		82	Street Ac	idress (P.O. Box Number is Not Acceptable)
20 SYLVIA				J J / L.	
	FL 34677-2316		83		
OLDSWAN	11 L 340/7-2310		84	City	85 Zip Code
				<u></u>	FL T
-45.00.00	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Elorida Such change was al	ITDODIZED DV	the comors	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Age	nt signature requ	uired when reinstating) DATE
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	-	☐ Change ☐ Addition
NAME	BARRETT, LEO J		1.2 NAME	-	
STREET ADDRESS	20 SYLVIA PLACE		1.3 STREE	TADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677-2316		1.4 CITY-5	ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ZANE, MIRIAM S		2.2 NAME		
STREET ADDRESS	20 SYLVIA PLACE		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677-2316		2. 4 CITY-	ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	SALEWSKI, DEBORAH M		3.2 NAME		Į
STREET ADDRESS	20 SYLVIA PLACE		3.3 STREE	TADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677-2316		3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY+5	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREE	TADDRESS	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	ł	
STREET ADDRESS			6.3 STREE	T ADDRESS	
JUNETI VODICESS	1			1	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a ladders, with all other like empowered.

SIGNATURE: