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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004756

1. Corporation Name
REALIZED POTENTIAL TRAINING INSTITUTE, INC.

Principal Place of Business 6077 FIFTH AVE NORTH ST PETERSBURG FL 33710	Mailing Address 6077 FIFTH AVE NORTH ST PETERSBURG FL 33710
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2. Principal Place of Business 21	2a. Mailing Address 26 Realized Potential Training Institute	3. Date Incorporated or Qualified 08/18/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 13601	4. FEI Number 59-3456132
City & State 23	City & State 28 St. Petersburg, Florida	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Zip 29 33710	Country 30 USA
Country 25	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent OVERTON, DIANE 6077 FIFTH AVE NORTH ST PETERSBURG FL 33710	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	NAME OVERTON, DIANE	1.1 TITLE T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 6077 FIFTH AVE NORTH	CITY-ST-ZIP ST PETERSBURG FL 33710	1.2 NAME Overton, Dana	
		1.3 STREET ADDRESS 2376 Lynn Lake Place South	
		1.4 CITY-ST-ZIP St. Petersburg FL 33712	
TITLE D <input type="checkbox"/> DELETE	NAME JONES, ROY E	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1220 N STATE PARKWAY	CITY-ST-ZIP CHICAGO IL 60610	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME FICHER, JEANETTE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3700 40TH AVE N	CITY-ST-ZIP ST PETERSBURG FL 33714	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(l), 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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** Date: June 16, 1999 Daytime Phone #: 338-7112

CR2E037 (1/198)