FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000035532 (8)**

1. Corporation Name
CENTER SEMINARS, INC.

Principal Place of Business	Mailing Address
TAMPA MEDICAL TOWER, SUITE 770 2727 WEST DR. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607	TAMPA MEDICAL TOWER, SUITE 770 2727 WEST DR. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/11/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 65-0528142 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHIFINO, WILLIAM J
201 N. FRANKLIN ST.
SUITE 2700 - ONE TAMPA CITY CENTER
TAMPA FL 33602

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SCHIFINO, WILLIAM J	1.2 NAME	Billingsley, Nancy	
STREET ADDRESS	201 N. FRANKLIN ST., SUITE 2700	1.3 STREET ADDRESS	2727 W. Dr. Martin Luther King Blvd,#770	
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE		2.1 TITLE	~~D~~ President	☐ Change ☒ Addition
NAME		2.2 NAME	Chase, Joan B.	
STREET ADDRESS		2.3 STREET ADDRESS	2727 W. Dr. Martin Luther King Blvd,#770	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE		3.1 TITLE	D	☐ Change ☒ Addition
NAME		3.2 NAME	Heide, Kathleen M.	
STREET ADDRESS		3.3 STREET ADDRESS	2727 W. Dr. Martin Luther King Blvd,#770	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	Schifino, Lois Allen	
STREET ADDRESS		4.3 STREET ADDRESS	2727 W. Dr. Martin Luther King Blvd,#770	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	Solomon, Eldra P.	
STREET ADDRESS		5.3 STREET ADDRESS	2727 W. Dr. Martin Luther King Blvd,#770	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan B. Chase — Joan B. Chase — 813-872-0072 — (813)733-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

044841 FP