

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
George W. Martinez
Secretary of State
Division of Corporations

DOCUMENT # P94000055389 (8)

E. CPE Seminars, Inc.

FLORIDA CPE SEMINARS, INC.

APPROVED
APPROVED AND
AND FILED
FILED
95 APR 28 AM 10:09

95 APR 28 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Place of Business 21 Suite Apt. # etc. 22 City & State 23	2a. Mailing Address 26 P.O. BOX 16313 Suite, Apt. # etc. 27 City & State 28 St. Petersburg, FL	3. Date Incorporated or Qualified 07/25/1994	3a. Date of Last Report 59-3270726
		4. FEI Number 59-3270726	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7a. 24	8. This corporation has liability for intangible tax under S. 199.033, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8b. 25	9. Name and Address of Current Registered Agent WOHLWEND, BETH C 236-B 5TH AVE N ST PETERSBURG FL 33701	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 607.030 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 607.030, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
101 NAME 236-B 5TH AVE N ST PETERSBURG FL 33701	11101 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
102 NAME 236-B 5TH AVE N ST PETERSBURG FL 33701	21101 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
103 NAME 236-B 5TH AVE N ST PETERSBURG FL 33701	31101 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
104 NAME 236-B 5TH AVE N ST PETERSBURG FL 33701	41101 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
105 NAME 236-B 5TH AVE N ST PETERSBURG FL 33701	51101 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
106 NAME 236-B 5TH AVE N ST PETERSBURG FL 33701	61101 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption set forth in Section 607.1508, Florida Statute. I further certify that the information contained 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 it is an affidavit that all of the corporate officers or trustees empowered to execute this report, as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13, and is in compliance with an affidavit.

SIGNATURE:
Beth C. Wohlwend (813)823-3834 4/17/95

SIGNATURE AND TITLE OR POSITION OF DIRECTOR OR OFFICER ON DIRECTION