

FILE NOW: FILING FEE AFTER MAY 1ST IS \$650.00

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000074456 (2)

1. Corporation Name

PERSONAL DEVELOPMENT INSTITUTE, INC.



Principal Place of Business

451 MORNINGSDR.  
VENICE FL 34293

Mailing Address

1532 US 41 BYPASS SOUTH  
STE 265  
VENICE FL 34293  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21	205 BASE AVENUE	26	205 BASE AVENUE	10/07/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0529206	
City & State		City & State		Applied For	
23		28		Not Applicable	
VENICE FL		VENICE FL		5. Certificate of Status Desired	
Zip		Zip		<input type="checkbox"/> \$8.75 Additional Fee Required	
34285		34285		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution	
25		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Sncrota		Sncrota		8. This corporation owes or has paid the current year intangible	
				Personal Property Tax due June 30	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BURNHAM, DONALD R  
451 MORNINGSDR.  
VENICE FL 34293

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0	1.1 TITLE	PRESIDENT
NAME	BURNHAM, DONALD R	1.2 NAME	
STREET ADDRESS	451 MORNINGSDR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	VICE PRESIDENT
NAME		2.2 NAME	ALICE BURNHAM
STREET ADDRESS		2.3 STREET ADDRESS	205 BASE AVENUE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	VENICE FL 34285
TITLE		3.1 TITLE	SECRETARY
NAME		3.2 NAME	CATHERINE A. EVANS
STREET ADDRESS		3.3 STREET ADDRESS	205 BASE AVENUE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	VENICE FL 34285
TITLE		4.1 TITLE	TREASURER
NAME		4.2 NAME	STEPHEN R. HANN
STREET ADDRESS		4.3 STREET ADDRESS	205 BASE AVENUE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	VENICE FL 34285
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(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.		4000002518054 -05/11/98--01019--016 ***150.00	

CR2E034 (10/97)