Apr 29, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000074456

1. Corporation Name

PERSONAL DEVELOPMENT INSTITUTE, INC.

Principal Place of Business 28 BASE AVE VENICE FI, 34265 29 Principal Place of Business 20 Mailing Address 21 Mailing Address 22 Mailing Address 23 Date incorporated or Guistled 10/07/1994 4 FEI Number	LIIOON	WIL DEVILLOR MICHIER MOTHER	712, 1170				
VENICE FI, 34285 VENICE FI, 34285 VENICE FI, 34285 22. Mailing Address 23. Date incorporated or Qualified 10/07/1994 4. FEI Number 4. FEI Number 5. School Qualified 10/07/1994 4. FEI Number 5. School Qualified 6. Election Compagn Financing 5. School Qualified 6. School Qualified 6	Principal Place of Business Mailing Address				, , , <u>, , , , , , , , , , , , , , , , </u>		1 1881/1881 IM 18111 BIBN SENT SENT SENT 18811 18811 SIEG BIRE BUG 1881
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2 Principal Place of Business							
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Sulfa, Apt. #, etc.	O State of D	lace of Dusings	2n Mailing Address				
Sulfe, Apt. #, etc. 27		lace of Business	<u> </u>				
S. Certificate of Status Desired Fee Required					<i>-</i>		\$8.75 Additional
City & State							E Cortifonto of Status Decired
Zip Country Zip Zi						•	6 Flection Campaign Financing _ \$5.00 May 8e
Zip Country Zip Country Zip Country Registered Agent Sine and Address of Current Registered Agent Sine and Address of New Registered Agent Sine Address of	 -	⊢					
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 71. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-many corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-many corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-many of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, agent agent agent of directors. I hereby accept the appointment as registered agent, agent agent with, and accept the obligations of, Section 607.0505, Florida Statutes, agent agent agent of directors. I hereby accept the appointment as registered agent, agent ag		Country		Cou	intry	,	8. This corporation owes the current year Intangible
BURNHAM, DONALD R 451 MORNINGSIDE RD. VENICE FL 34293 181 Name 182 Street Address (P.O. Box Number is Not Acceptable) 185 Verice FL 34293 186 Verice FL 34293 187 Verice FL 34293 188 Verice Address (P.O. Box Number is Not Acceptable) 188 Verice Address (P.O. Box Number is Not Acceptable) 189 Verice FL 34293 180 Verice FL 34293 180 Verice FL 34293 181 Verice Address (P.O. Box Number is Not Acceptable) 182 Street Address (P.O. Box Number is Not Acceptable) 183 Verice Address (P.O. Box Number is Not Acceptable) 184 City 185 Zip Code 186 Zip Code 187 Verice 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 man familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent. I man familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. The appointment as registered agent. I member of registered	_	25	29	30			i
BURNHAM, DONALD R 451 MORNINGSIDE RD. VENICE FL 34293 11. Fursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD			it Registered Agent		Ĺ,	,	10. Name and Address of New Registered Agent
451 MORNINGSIDE RD. VENICE FL 34293 133 144 City 155 City 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appropriment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE SIGNATURE 12					81	Name	3
VENICE FL 34293 VENICE FL 34293 83 64 City FL S 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 and familiar with, and accept the obligations of, Section 607.0508, Florida Statutes. SIGNATURE Signature, hyped or protect name of negatized agent and tills if septicable. PD					82 Street Address (P.O. Box Number is Not Acceptable)		
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Change C	office or r agent. I a	enistered agent, or both, in the State.	of Florida, Such change was	authorized	Dy :	tne corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
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BURNHAM, DONALD R STREET ADDRESS CITY-ST-ZP VENICE FL 34285 CITY-ST-ZP Change Addition Change Chan	12.			13.			
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CITY-SI-ZIP							VENICE FL 34285
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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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP