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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE: 2

DOCUMENT 1. Corporation Name	# P94000093923	(8)						
THE CHOOSED MOTIFIED WA								

1. Corporation	SUCCESS INSTITUTES, INC		' 1	<u> </u>	
Principal Place	of Business	Mailing Address		·{	III DONU BOYAD HEYDD HIYID YOYID HABB HIYI IDDI
1200 W SR	434	1200 W SR 434			
300		300	_		
LONGWOO		LONGWOOD FL 32750)	3. Date Incorporated or Qualified 12/29/1994	3a. Date of Last Report 08/25/1995
2. Principal Pla	ace of Business. W 5R 434	28. Mailing Address 26. 200 W	SR 434	4. FEI Number 59-3285558	Applied For Not Applicable
Suite, Apr. 1	14 212	Suite, Apt. #, etc.	2/2	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	
23 long	1wood, FL	28 Longue	od, FC	Trust Fund Contribution	\$5.00 May Be Added to Fees
4 " <i>32</i> "		29 <i>3</i> 2750	30 US#A		□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
44.50			81 Name	Seph L. Sga	rlata
	ATA, JOSEPH L. VEST STATE ROAD 434		82 Street Addr	ess (P.O. Box Number is Not Actional	
STE 30			83	site 212	101
LONGV	WOOD FL 32750		84 City 1 3	1	85 Zig Gode
11. Pursuant to	o the provisions of Sections 607.054.2	and 607.1508, Florida Statute	s the above named corpor	ng wood atjoysubmits this stalement for the pur	Pose of changing its registered office
or registere	ed agent, or both) in the State of June h, and accept the abligations of Secret	Suc/Ichango was authorize i 60. 0505, Jorida Statutes	the the corporation's boar	rd or directors. I hereby accept the appo	pintment as registered agent. I am
SIGNATURE	24 1 Zallita	Justumpe	N.		4/2/96
	Sylvay Appel or propriet of real section of	Mist Cappings (NOT			100
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	PDST SGARLATA, JOSEPH L.	DELETE	1 † 1111.E		Change Addition
NAME STREET ADDRESS	1200 W SR 434		1.2 NAME		
CHTY-ST-ZIP	LONGWOOD FL 32750		1.3 STREET ADDRESS		
TITLE	LONGWOOD I C CERCO	DELETE	1.4 CHY+SI+ZIP 2.1 TITLE		Change Addition
NAME		23	2.2 NAME		C over 30 C versus.
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-2IP			24 CITY-ST-Z-P		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S1-ZIF			34 CITY - ST - Z/P		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME CARGET ADDRESS			4 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4 3 STREET ADDRESS		
TITLE		☐ DELETE	4 4 C(TY ST-Z)P 5 1 T:TLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5 4 0 HY - ST - ZIP		
TITLE		☐ DELFTE	6 1 TIFLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADOPESS		
CITY - ST - ZIP		4. 75. 2.10 /	64 CITY - ST - ZIP		
certify that	the information indicated of this annua	il report or supplemental annu	al report is true and a coura	or the exemption stated in Section 119.0 to and that my signature shall have the s report as required by Chapter 607, Flo	same legal effect as if made under