


6-3-97 B-7727 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000093923 (8)

1. Corporation Name
THE SUCCESS INSTITUTES, INC.

Principal Place of Business 1200 W SR 434 SUITE 212 LONGWOOD FL 32750 US	Mailing Address 1200 W SR 434 SUITE 212 LONGWOOD FL 32750-4957 US
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2. Principal Place of Business 21 407 Wekiwa Spgs RD Suite, Apt. #, etc. 22 Suite 245 City & State 23 Longwood, FL Zip 24 32779 Country 25 USA		2a. Mailing Address 26 407 Wekiwa Springs RD Suite, Apt. #, etc. 27 Suite 245 City & State 28 Longwood, FL Zip 29 32779 Country 30 USA		3. Date Incorporated or Qualified 12/29/1994	3a. Date of Last Report 04/24/1996
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4. FEI Number 59-3285558 Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5. Additional Fee Required \$8.75 \$5.00 May Be Added to Fees			

8. Name and Address of Current Registered Agent SGARLATA, JOSEPH L. 1200 WEST STATE ROAD 434 SUITE 212 LONGWOOD FL 32750		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 407 Wekiwa Springs RD 83 Suite 245 84 City Longwood 85 Zip Code FL 32779	
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SGARLATA, JOSEPH L. 1200 W SR 434 LONGWOOD FL 32750	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 407 Wekiwa Springs RD Suite 245 Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I do 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 to this report.

CR2E034 (9/96)