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FILED  
Mar 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000076981 (6)

1. Corporation Name:

INTERNATIONAL ASSOCIATION OF SEMINAR PROFESSIONALS, INC.

Principal Place of Business

452 MORNINGSIDER ROAD  
VENICE FL 34293

Mailing Address

452 MORNINGSIDER ROAD  
VENICE FL 34293-3223

3. Date Incorporated or Qualified  
10/02/1995

3a. Date of Last Report  
04/25/1996

4. FEI Number  
65-0615702

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1532 U.S. 41 By Pass, So.

27 Suite, Apt. #, etc.

28 Venice, FL

29 34293 30 USA

9. Name and Address of Current Registered Agent

BURNHAM, ALICE  
452 MORNINGSIDER ROAD  
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 type (typed name of registered agent and title of applicant)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

NAME  
BURNHAM, ALICE  
STREET ADDRESS  
452 MORNINGSIDER ROAD  
CITY-STATE-ZIP  
VENICE FL 34293

12.2 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12.3 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12.4 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☒ Addition

NAME  
DONALD R. BURNHAM  
STREET ADDRESS  
451 MORNINGSIDER RD.  
CITY-STATE-ZIP  
Venice, FL 34293

13.2 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.3 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.4 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.5 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.6 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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 with an address

SIGNATURE:

*Donald R. Burnham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Burnham 3/15/97 941-4929599

Date

Daytime Phone #

0433049

CR2E034 (9/96)