Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90207 013 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000076981

1. Corporation Name

INTERNATIONAL ASSOCIATION OF SEMINAR PROFESSIONA

LS, INC		,											
Principal Place of Business Mailing Address			-			'	18811891 118	12101 21111 02	111 88144 88141		10 21110		
205 BASE AVE VENICE FL 3420	85	205 BASE AVE VENICE FL 34285					DO NOT \	WRITE IN 1	THIS S	PACE			
							ncorporate 2/1995	ed or Qual	fed				}
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI N						Appl	lied For
21		26				65-0	615702				$oldsymbol{oldsymbol{oldsymbol{igl}}}$	_	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifo	ate of Sta	itus Desire	d 🗆		,	5 Ad Req	Iditional uired
City & State City & State						I		ign Financ	ing 🗆				lay Be
23		28	01				Fund Con		— <u> — </u>			led to	Fees
Zip	Country	Zip	Countr	у		I	•		current yea	ar Intan	Yes	Γ	⊒No
24	25	29 36	<u> </u>				nal Proper		ew Registe		_		
	9. Name and Address of Curren	r Kadistalan Water	8	1 1	Name	10, 1101110	dila raa		, , , , , , , , , , , , , , , , , , ,		20		
' BURNHAM, ALICE													
452 MORNINGSIDE ROAD			82	2 3	Street Addres	ss (P.O. Bo	x Number	is Not Acc	:eptable)				
VENICE FL 34293			8:	3						-			
				\perp								7i= C.	
			84	4	City				į	FL	85	Zip Co	oue.
office or re agent. I at	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered ageing	of Florida. Such change was autritions of, Section 607.0505, Florida	a Statute	y tni IS.	named corpor e corporation	is board of	airectors.	I hereby a	the purposiccept the a	арронш	nent a	s regi	stered
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITI	ONS/CHA	NGES TO	OFFICER	S AND	DIRE	CTOF	
TITLE	DPV	☐ DELETE	1.1 TITLE							ļ	Char	ige	☐ Addition
NAME	BURNHAM, ALICE		1.2 NAME	į									
STREET ADDRESS	452 MORNINGSIDE ROAD		1.3 STRE	ET AL	DORESS								
CITY+ST-ZIP	VENICE FL 34293		1.4 CITY-	ST-Z	ZIP								
πne	DP	DELETE 2.11								l	Char	nge	Addition
NAME	Burnham, Donald R		2.2 NAME										
STREET ADDRESS	451 MORNINGSIDE RD		2.3 STRE	ET AE	DDRESS								
CITY-\$T-ZIP	VENICE FL		2. 4 CITY-	ST-Z	ZIP								— • • • • • • • • • • • • • • • • • • •
TITLE	\$	DELETE	3.1 TITLE		}					1	Cha	ige	☐ Addition
NAME	EVANS, CATHERINE A	•	3.2 NAME	Ė									
STREET ADDRESS	205 BASE AVE		3.3 \$TRE	ET AL	DDRESS								
CITY-ST-ZIP	VENICE FL 34285		3.4, CITY-	ST-2	Z1P								
TILE	T	☐ DELETE	4,1 TITLE								Char	nge	☐ Addition
NAME	HANN, STEPHEN R		4.2 NAM	E	ſ								
STREET ADDRESS	205 BASE AVE		4.3 STRE	ET AL	DDRESS								
CITY-ST-ZIP	VENICE FL 34285		4.4 CITY-		ZIP	<u> </u>		<					A distant
TITLE		☐ DELETE	5.1 TITLE		Vic	E PRE	54 G	JECK	as ar	Y	☐ Chai	nge	Addition
NAME	<u>-</u>	;	5.2 NAME		TZ0	MNIE	7) LX	IINS	KI.				
STREET ADDRESS			5.3 STRE		DDRESS 2	E PRES HAVE 5 BA ENICE	SE	YEN	'C / 7 0 2	-			
CITY-ST-ZIP			5.4 CITY-		ZIP V	ENICE	, FL	27	دمه				□ Addista
TITLE		☐ DELETE	6.1 TITLE								Cha	nge	Addition
NAME			6.2 NAME	=		_							

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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP