## 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 # P9600032294

SEMINARS INTERNATIONAL, INC.									
Principal Plac	o of Business	Mailing Address						12 2000 XIVA XIVA	
Principal Place of Business Mailing Address									
12025 NW 9TH PL 12025 NW 9TH PL CORAL SPRINGS FL 33071 CORAL GABLES FL 33071			71						
US		•					WRITE IN THI	S SPACE	· · ·
	·					Pate Incorporated or Qual	ifed		
2 Principal P	Place of Business	2a. Mailing Address				4/12/1996 El Number		T T A.	pplied For
21	and of Education	26				5-0681311		<u> </u>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					🗖		Additional
22	مساحست سأستهج فيفيا	<b>=</b> 27			5. U	Certificate of Status Desire	od 🗆	Fee R	equ <u>ired</u>
City & Stat	te	City & State		•		lection Campaign Financ	ing $\sqcap$		May Be
Zip	Country	28 Zip	Çou	ntn.		rust Fund Contribution	<del>-</del>		to Fees
24	[25]	29	30	iiu y		his corporation owes the ersonal Property Tax.	current year Ir	ntangible Yes	□No
<b>4</b> 4	9. Name and Address of Currer		[30]			lame and Address of N	ew Registered		
		4.1.322.2.294		81 Name					
BES	TOSO, EDMUND J 25 NW 9TH PL			82 Street	t Address (P.O	). Box Number is Not Acc	eptable)		
	RAL SPRINGS FL 33071								
CON	IAL SPRINGS FL 33071			83					
				84 City			1 1 2 2 2 2 2 2 2 2 2 2 2	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Stat	tutes, the a	oove-named	d corporation s	ubmits this statement for	the purpose of	<u> </u>	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was	authorized	by the corp	ooration's boar	d of directors -I hereby a	ccept the appo	ointment as re	gistered
				ites.					
SIGNATURE	· ·	,							.
SIGNATURE	Signature, typed or printed name of registered ages	nt and title if applicable. (NO	TE: Registered		required when reins		DATE		
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NO	TE: Registered	Agent signature	AD	DITIONS/CHANGES TO			
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90001 018 \*\*\*150.00

Daytime Phone #