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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000037823 (7)

SEMINARS BY HEATHER BODWELL, INC.

Principal Place of Business Mailing Address \$336 NORTHDALE BOULEYARD 5336 NORTHDALE BOULEYARD								
TAMPA FL 33624 TAMPA FL 33624					DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified			
					04/26/1996			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		pplied For	
21		26			57-3376864		ot Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.						8.75 Additional Fee Required	
City & State City & State				6. Election Campaign Financing	\$5.00	May Be		
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid th			
24	25	29	30		Personal Property Tax due June 30.		No	
	g. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Regist	ered Agent		
BO	DWELL, HEATHER			81 Name				
5336 NORTHDALE BOULEVARD			•	82 Street Add	iress (P.O. Box Number is Not Acceptable)			
TAMPA FL 33824								
				83				
			•	84 City		 85 Zip	Code	
					poration submits this statement for the purp	FL S		
SIGNATURE	Signature, typed or printed name of registered				poration's confinition in a statement for the purple station's board of directors. I hereby accept the irred when reinstating)	ATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	DELETE	1.1 10	Lŧ		Change	Addition	
NAME	BODWELL, HEATHER		1.2 NA	ME				
STREET ADDRESS	5336 NORTHDALE BOULE	VARD	1.3 ST	REET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33624		1.4 Cf	IY-ST-ZIP				
TITLE		☐ DELETE	2 1 111	'LE		Change	Additio	
NAME			2.2 N	ME				
STREET ADDRESS			2.3 ST	REET ADDRESS	•	•		
CITY-ST-ZIP				TY-ST-ZIP	**************************************		["] a a me	
TITLE		☐ DELETE	3.1 TI	TLE .		Change	Addition	
NAME			3.2 NA	-				
STREET ADDRESS			3.3 ST	REET ADDRESS				
CITY-ST-ZIP		·····		TY-ST-ZIP		100	4.4300-	
TITLE		☐ DELETE	4.1 10	rLE		☐ Change	Additio	
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 ST	reet address				
CITY-ST-ZIP		Cloritte	4.4 CI	TY-ST-ZIP		Change	Additio	

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.

6.2 NAME

5.3 STREET ADDRESS

IGNATURE: * HOWELL FOR RIPUL (Basidout * 4/10/

CR2E034 (10/97)

Addition

FILED

May 04 1998 8:00am

Secretary of State