

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000038899**

1. Entity Name  
**SUPER SERIES SEMINAR, INC.**



Principal Place of Business  
**1048 KANE CONCOURSE  
BAY HARBOR, FL 33154**

Mailing Address  
**1048 KANE CONCOURSE  
BAY HARBOR, FL 33154**



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JACOBSON, GILBERT  
1048 KANE CONCOURSE  
BAY HARBOR, FL 33154**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000071164  
03/01/04-80060-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
JACOBSON, GILBERT  
1048 KANE CONCOURSE  
BAY HARBOR, FL 33154**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
OPPENHEIMER, STEVEN  
2999 NE 191ST #602  
AVENTURA, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MAUTNER, RICHARD  
2999 NE 191ST #602  
AVENTURA, FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/04 305 865-0328**  
Date Daytime Phone #