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

-PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

Suite, Apt. #, etq

City & State

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-ZIP

12.

TITLE

NAME

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1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000041340 (6)

Country

, Name and Address of Current Registered Agent

Signature: typed or printed name of registered agent and to eith applicable

1055 SW MARTIN DOWNS BLVD

1055 SW MARTIN DOWNS BLVD

OFFICERS AND DIRECTORS

25

1055 SW MARTIN DOWNS BLVD

VOSS, JOSEPH A

PALM CITY FL 34990

RHATIGAN, JUDITH

PALM CITY FL 34990

RHATIĞAN, JUDITH

PALM CITY FL 34990

EDUCATIONAL SEMINARS, INC.

Principal Place of Business Mailing Address 1055 SW MARTIN DOWNS BLVD 1055 SW MARTIN DOWNS BLVD PALM CITY FL 34990 PAUM CITY FL 34990

2a. Mailing Address

City & State

Suite, Apt. #, etc.

DELETE

DELETE

DELETE

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DELETE

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FILED May 06 1998 8:00am Secretary of State

Change

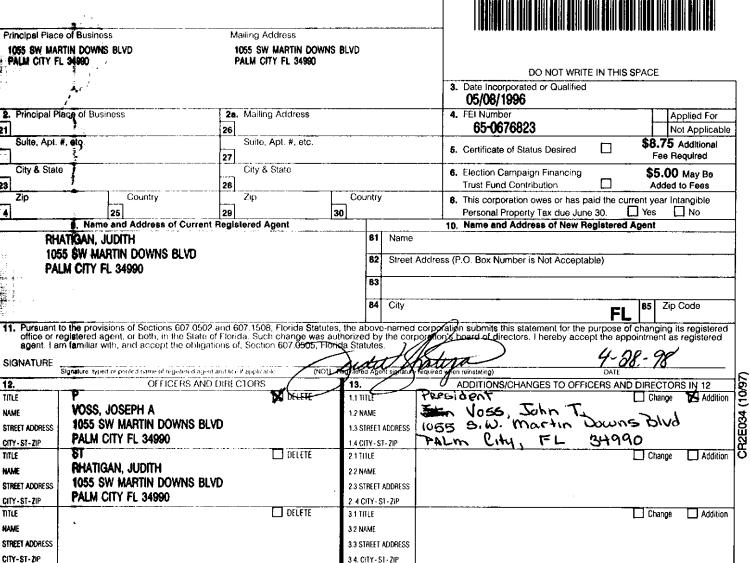
Change

Change

Addition

Addition

Addition



CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 amount 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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-S1-ZIP

4.4 CITY - S1 - ZIP