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 # P96000041340

1. Corporation Name

EDUCATIONAL SEMINARS, INC.

Principal Place of Business

Mailing Address

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90155 030 ***150.00



1055 SW MARTIN DOWNS BLVD PALM CITY FL 34990		1055 SW MARTIN UOWNS BLVU PALM CITY FL 34990												
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						[;		Incorpor 8/199		Qualifed				
2. Principal Pl	2a. Mailing Address	idress				4. FEI N						App	lied For	
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Suite, Apt.							5. Certife			esired			. 75 A ee Re	dditional dditional
City & State	9	City & State	k State			- 1		on Cam Fund C		inancing			5,00 dded to	May Be > Fees
Zíp				ntry			B. This c	comporat	ion owe	s the cur	rent year	r Intangible		
<u>"</u>	25	29	30				Personal Property Tax.							
-	9. Name and Address of Current I	Registered Agent				1	0. Name	and A	ddress	of New	Registe	red Agent		
				81	Name									
	tigan, judith 5 SW Martin Downs BLVD					Street Address (P.O. Box Number is Not Acceptable)								
PALI	I CITY FL 34990													
				l ì	City							FL 85	Zip C	
office or n agent. 1 a	to the provisions of Sections 607.0502 and egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section 607.0505, Flor	unonzec	<u></u>	named one corpo	corporation's	ion subm board of	nits this	stateme rx. I her	ent for the	e purposi ept the ap ل	e of changi ppointment 	ing its as req <i>99</i>	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent a		Registered	Agent s	Ignati in re	equired whe	n remetating	y va	ugu		DATE	F		
12.	OFFICERS AND		13.		<u> </u>		ADDIT	IONS/C	HANGE	s to o	FFICERS	S AND DIR		
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CILL OF ALL		•	_											

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.

SIGNATURE: JUdithSRRA

4-21-99

<u>561-283 · 3339</u>.