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

Mailing Address 7991 S 9TH AVE

2a. Mailing Address

ST PETERSBURG FL 33707

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90195 022 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

3. Date Incorporated or Qualifed

06/03/1996

4. FEI Number

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000048394 1. Corporation Name

Principal Place of Business

2. Principal Place of Business

7991 S 9TH AVE ST PETERSBURG FL 33707

STREET ADDRESS

ST-ZIP

SIGNATURE:

MOTIVATIONAL PROFESSIONALS, INC.

. 1		26					65-0690661		No	ot Applicable
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. 27 City & State					5. Certifcate of Status Desired		*	Additional equired
							6. Election Campaign Financin	g 🗆	\$5.00	May Be
		28					Trust Fund Contribution		Added	to Fees
Zip	Country 25	Zip	F.	Cou	ntry		This corporation owes the corporate Property Tax.	irrent year Inta	angible Yes	∏No
^ ;	9. Name and Address of Current						10. Name and Address of New Registered Agent			
	9. Name and Address of Culterio	r Kegistered Age			81	Name	10. 1141115 4114 7144 7144 7144	···· 3.0.		
RAY	RAYMOND, SYLVIA								.	
	5492 57TH AVE N					Street Addr	ess (P.O. Box Number is Not Accel	otable)		
	ST PETERSBURG FL 33709									
0. 1	ETEROBORO TE GOTOS				83					<u> </u>
					84	City		FL	85 Zip	Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligated the obligations are secured to the obligations of the obligations are secured to the obligations of the obligations are secured to the obligations of the	of Florida. Such c ions of, Section 6	hange was au 307.0505, Flori	thorized da Stati	iby tutes.	he corporatio	on's board of directors. I hereby acc	ne purpose of ept the appoin	changing its	registered gistered
	Signature, typed or printed name of registered agen		(NOTE: I		Agent	signature required	ADDITIONS/CHANGES TO C		D DIRECTO	1PS IN 12
12.	OFFICERS ANI		DELETE	13.	пс		ADDITIONS/CHANGES TO C	II I IOEKS AN	☐ Change	☐ Addition
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NAME	KESSOCK, CHARLES E			2.2 N/						
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				6.2 N	AME					
	<u>.</u> !			6.3 ST	REET	ADDRESS				

6.4 CITY-ST-ZIP

DIRECTOR CHARLES B. KESSOCK

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 the country of the corporation or the receiver or trustee empowered annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an accurate my state of the corporation o