

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

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90033 005 \*\*\*150.00

DOCUMENT # P96000049183

1. Corporation Name

INTERNATIONAL SEMINARS GROUP INC.

Principal Place of Business

1515 N. FEDERAL HWY. #404  
BOCA RATON FL 33432

Mailing Address

1515 N. FEDERAL HWY. #404  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1996

4. FEI Number

65-0672671

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 6100 GLADES RD  
Suite, Apt. #, etc.

22 205

23 BOCA RATON FL  
City & State

Zip Country

24 33434

25

2a. Mailing Address

26 6100 GLADES RD  
Suite, Apt. #, etc.

27 205

28 BOCA RATON FL  
City & State

Zip Country

29 33434

30

9. Name and Address of Current Registered Agent

FISCHER, CHRISTOPHER J  
1515 N. FEDERAL HWY, #404  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6100 GLADES RD #

83 SUITE 205

84 City BOCA RATON

FL

85 Zip Code

33434

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FICHERA, CHRISTOPHER J  
STREET ADDRESS 1515 N. FEDERAL HWY, #404  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE SD ☐ DELETE

NAME THEROUX, SHARON  
STREET ADDRESS 1515 N. FEDERAL HWY, #404  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE PD ☐ DELETE

NAME BIANCHINI, KEVIN  
STREET ADDRESS 1515 N. FEDERAL HWY, #404  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 6100 GLADES RD, # 205

1.3 STREET ADDRESS BOCA RATON, FL 33434

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 6100 GLADES RD # 205

2.4 CITY-ST-ZIP BOCA RATON, FL 33434

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 6100 GLADES RD # 205

3.4 CITY-ST-ZIP BOCA RATON, FL 33434

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 prepare 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, without being so empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

2/5/99 541-395-0793

CR2E034 (11/98)