

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000090869 (4)
 1. Corporation Name
JESSE JAMES SEMINARS, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1996
 3a. Date of Last Report

4. FEI Number 65-0715445
 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

Principal Place of Business Mailing Address

7024 CENTRAL AVENUE ST. PETERSBURG FL 33707
 7024 CENTRAL AVENUE ST. PETERSBURG FL 33707

2. Principal Place of Business 2a. Mailing Address

21 5279 Isla Key Blvd. Suite, Apt. #, etc. 22 SUITE # 313
 23 ST. PETERSBURG, FLORIDA City & State 24 33715 Zip 25 USA Country
 26 5279 Isla Key Blvd. Suite, Apt. #, etc. 27 SUITE # 313
 28 ST. PETERSBURG, FLORIDA City & State 29 33715 Zip 30 USA Country

9. Name and Address of Current Registered Agent

JAMES, JESSE
 8020 SAILBOAT KEY BLVD.
 SUITE 302
 SOUTH PASADENA FL 33707

10. Name and Address of New Registered Agent

81 Name Jesse H. James
 82 Street Address (P.O. Box Number is Not Acceptable) 5279 ISLA KEY BLVD.
 83 SUITE # 313
 84 City ST. PETERSBURG FL 85 Zip Code 33715

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 *Jesse H. James* *Jesse H. James, President* 9-11-97
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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jesse H. James
1.3 STREET ADDRESS	5279 ISLA KEY BLVD., #313
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33715
2.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BERNADETTE YOUNG
2.3 STREET ADDRESS	2860 - 59TH CIRCLE SO.
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33712
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RICHARD HAVENS
3.3 STREET ADDRESS	1595 CORAL WAY S.
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33705
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	George CORNEALIS
4.3 STREET ADDRESS	718 So. HOWARD AVE.
4.4 CITY-ST-ZIP	TAMPA, FL. 33606
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John SCHWARTZ
5.3 STREET ADDRESS	145 MARINA DEL RAY
5.4 CITY-ST-ZIP	SAND KEY, FL. 34630
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dan POOLE
6.3 STREET ADDRESS	3409 WEST LEMON, #6
6.4 CITY-ST-ZIP	TAMPA, FL. 33609

14. I do 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.

SIGNATURE *Jesse H. James* 9/11/97

CR2E034 (4/97)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7.1 Title *D*
7.2 Name *BARBARA CLARK*
7.3 Street Address *501 FIRST AVE. NO., SUITE #504*
7.4 City-St-Zip *ST. PETERSBURG, FL. 33701*

8.1 Title *D.*
8.2 Name *TOM REID*
8.3 Street Address *1726 - E. 7TH AVE., SUITE #13*
8.4 City-St-Zip *TAMPA, FL. 33605*

9.1 Title *RICHARD LANE*
9.2 Name *→*
9.3 Street Address *13700 PARK BLVD*
9.4 City-St-Zip *SEMINOLE, FL. 33766*