PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherice Harris

Secretary of State - ...

DIVISION OF CORPORATIONS

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PCA NATIONAL SEMINARS INC. 9 594349 - 90024 - 5 Mailing Address 493423
Po. 394 392753 Principal Place of Business DO NOT WRITE IN THIS SPACE LUZZ RUFG 7L34749 3. Date incorporated or Qualifed 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 15-080 Not Applicable 26 \$8.75 Additional Suite. Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired .Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution Country 8. This corporation owes the current year intangible Country Zip Yes D146 Personal Property Tax. 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PAUL C. ANDERSON P.O. Box 463423 28422 US Hay Street Address (P.O. Box Number is Not Acceptable) LEZZBUKG 71 34749 LEBBURG 7 84 85 Zip Code 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 66th, 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 familier with and ficept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE Change ☐ Addition 117TE MLE PAUL C ANDERSON 28412 USHWY 27 LITERURG 71 34 **CR2E034** 12 NAME **ME** 1.3 STREET ADDRESS TREET ADDRESS 14 CITY-ST-ZIP ITY-ST-ZP Change Addition DELETE 21 TITLE MLE 22 NAME AME SAME AS ABOVE 2.3 STREET ADDRESS TREET ADDRESS 4 CITY-ST-ZIP ITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE ITLE 3.2 NAME AME 1.3 STREET ADDRESS TREET ADDRESS TY-51-23P DELETE 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME AME 4.3 STREET ADDRESS IREET ADDRESS 4,4 CITY-ST-ZIP TY-ST-ZP Change Addition DELETE 5.1 TITLE πe 52 NAME ₩E 5.3 STREET ADORESS TREET ADDRESS 5,4 CITY-ST-ZIP TY-51-20 6.1 TITLE Change Addition DELETE 62 NAME WE 6.3 STREET ADDRESS REET ADDRESS 6.4 CITY-ST-ZIP TY-\$1-ZP

4. 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 13 or block 13

SIGNATURE: 4