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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000073941

MASTERY	INSIGHT INSTITUTE C	F NLP, INC.						
Principal Place of Business Mailing Address					,		100 (1111 0 1 0 111 1	8 (9 (1) (1) (1) (1)
11143 INDIAN OAKS DRIVE 11143 INDIAN OAKS DRIVE TAMPA FL 33625 TAMPA FL 33625			(S DRIVE			DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE	
						08/21/1998 4. FEI Number	TAR	plied For
2. Principal Plac	e of Business	<u> </u>	2a. Mailing Address			59-355-0778		t Applicable
21		26 Suite Ast #	Suite, Apt. #, etc.			37-303 8116	\$8.75 A	
Suite, Apt. #,		— — · · ·	⊢			5. Certificate of Status Desired		quired
City & State	<u> </u>		City & State			6. Election Campaign Financing	\$5.00	
 , * · · · · · · · · · · · · · · · · · ·		28	¬ ´			Trust Fund Contribution	Added to	
Zip	Country Zip		Co	ountry		8. This corporation owes the current year Inta		
24	25	29	30			Personal Property Tax.	Yes	™ No
[]	9. Name and Address of Cu					10. Name and Address of New Registered	gent	
ALTFELD, LAURA 11143 INDIAN OAKS DRIVE TAMPA FL 33625				82 83 84	Street Add	ress (P.O. Box Number is Not Acceptable) NOTATION OFFE	85 Zip C	Code —
11. Pursuant to office or regingent, I am	istered agent, or both, in the St familiar with, and accept the of	ate of Florida. Such chang gation flori, Section 607.0	e was authorize 505, Florida Sta	ed by atutes.	tne corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing ite	registered
					it signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	DIRECTO	RS IN 12
The ste			13 LETE 1.1	TITLE		ADDITIONS/OFFARES TO OFF TOLING ARE	Change	☐ Addition
NAME JONATHAN ALTHOLO				NAME				
NAME STREETADDRESS CITY-ST-ZIP TAMA FL 336 M					ADDRESS			i
CITY-ST-ZIP TANK FL 336 W				1.4 CITY-ST-ZIP				
TITLE DELETE				2.1 TITLE			Change	☐ Addition
NAME			2.2	2.2 NAME				
STREET ADDRESS				2.3 STREET ADDRESS			ا میں بھو	-, ,
CITY-ST-ZIP				2.4 CITY-ST-ZIP				
TITLE		☐ DE	LETE 3.1	TITLE			Change	Addition
NAME			3.2	NAME	-			
STREET ADDRESS			3.3	3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4.	CITY-S	T-ZIP		•	
TITLE		□ DE	LETE 4.1	TITLE			☐ Change	Addition

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 regeiver 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 adachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

☐ Change

☐ Change

Addition

☐ Addition