FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V31862** **(8)**

1. Corporation Name
MAP SEMINARS, INC.

Principal Place of Business	Mailing Address
3130 CRENSHAW COURT NEW PORT RICHEY FL 34655	3130 CRENSHAW COURT NEW PORT RICHEY FL 34655

3. Date Incorporated or Qualified: 04/24/1992
3a. Date of Last Report: 02/10/1995
4. FEI Number: 59-3120586 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1235 N. Florida Ave	26 1235 N. Florida Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tarpon Springs, FL	City & State 28 Tarpon Springs FL
Zip 24 34689 Country 25 Pinellas	Zip 29 34689 Country 30 Pinellas

9. Name and Address of Current Registered Agent

RUGGLES, THOMAS W.
603 INDIAN ROCKS RD
BELLAIR FL 34616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☑ Change ☑ Addition
NAME	PIKOS, MICHAEL A.		1.2 NAME	Pikos, Michael
STREET ADDRESS	3130 CRENSHAW COURT		1.3 STREET ADDRESS	1235 N Florida Ave
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	D	☐ DELETE	2.1 TITLE	☑ Change ☑ Addition
NAME	PIKOS, DIANE		2.2 NAME	Pikos Diane
STREET ADDRESS	3130 CRENSHAW COURT		2.3 STREET ADDRESS	1235 N. Florida Ave
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Michael Pikos — Michael Pikos 1.30.96 813-937-7220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)