

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V431641. Corporation Name
BUSINESS SUCCESS INSTITUTE, INC.
FILED
 99 JUL 19 AM 9:41
Principal Place of Business
207 N. BAY HILLS BLVD.
SAFETY HARBOR FL 34635
USMailing Address
207 N. BAY HILLS BLVD.
SAFETY HARBOR FL 34635
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1992

4. FEI Number
59-3130521Applied For
Not Applicable5. Certificate of Status Desired ☐\$0.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

24. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

26. Zip

Country

9. Name and Address of Current Registered Agent

CASTANERA, ALFONSO A.
 207 N. BAY HILLS BLVD.
 SAFETY HARBOR FL 34635

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 607.1606, 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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when handling)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

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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 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, with all other like empowered.

SIGNATURE:

ALFONSO CASTANERA

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

4/15/99

727-669-6313

CR2E034 (11/96)