## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(8)

INTERNATIONAL INSTITUTE FOR BAUBIOLOGIE & ECOLOG

FILED						
May 09 1997 8:00am						
Secretary of State						



T, INC							
Principal Place of Business Mailing Address						#### #################################	
1401-A CLEVEL CLEARWATER I		1401-A CLEVELAND ST. CLEARWATER FL 34615-5 US	CLEARWATER FL 34615-5202				
08		00			3. Date Incorporated or Qualified 06/08/1992	3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-3162702	Applied For Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State 23	6	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation has liability for i			
24	25 29		30		Florida Statutes	Yes No	
	9. Name and Address of Current Registered Agent				10. Name and Address of New Re	Jistered Agent	
			] 6	Name			
HELMUT			8	2 Street Ad	rivess (P.O. By Number is Not Acceptate	(2) n d	
1000	CLEVELAND-ST		8	17	UI - 17 CIEVELU	era si,	
CLEARV	VATER FL 34615		L				
	,,		8	4 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Selfons 617,05	2 and 617.1508, Florida Statu	tes, the abo	ve-named co	rporation submits this statement for the p	urpose of changing its registered	
11. Pursuant to the provisions of Selfons 617.002 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, of but, 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 a company of the corporation of the purpose of changing its registered agent. I am familiar with, and a company of the corporation of the corpor							
SIGNATURE TYPESICENT							
40		ent and title if applicable. (NO ID DIRECTORS	1E: Registered A	gent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EBS AND DIRECTORS IN 12	
12.	OP OFFICERS AN	DELETE	1.1 TITLE	: T	ADDITIONS/OFFICIALS TO GITTE	Change Addition	
NAME	ZIEHE, HELMUT	_	1.2 NAM				
STREET ADDRESS	708A N. OSCEOLA AVE		1.3 \$TRE	ET ADDRESS			
CITY-\$1-ZIP	CLEARWATER FL		1.4 CITY	-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TiTL	E		Change Addition	
NAME	SPATES, WILLIAM H., III		2.2 NAM				
STREET ADDRESS	1848 OAKLAKE DRIVE		1	EET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34624	DELETE	2. 4 C/T	/-ST-ZIP		Change Addition	
TITLE NAME	D Burmaster, M. Spark	Fil otter	3.1 IIIC			C overfile C version	
STREET ADDRESS	R.R., 1, BOX 77-A N/A			ET ADDRESS			
CITY-ST-ZIP	CHASEBURG WI			Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL			Change Addition	
NAME			4. 2 NAM	AE			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP		- Discussion		-ST-ZIP		D Observe D Addition	
TITLE	, .	DELETE	5.1 TITU			Change Addition	
NAME			5.2 NAM				
STREET ADDRESS				E1 ADDRESS			
CITY-SY-ZIP		DELETE	5.4 CHY 6.1 TITU	'-ST-ZIP		☐ Change ☐ Addition	
NAME	**	torner or constitu	6.2 NAM	1		_ • _ •	
STREET ADDRESS				EE1 ADDRESS			
City+St-Zip			1	' - ST - ZIP			

14. I do hereby certify that the information supplied with this lift), 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 supplementary 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 required or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attyring my with an address.