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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49273

1. Corporation Name

INTERNATIONAL INSTITUTE FOR BAUBIOLOGIE & ECOLOGY, INC.

Principal Place of Business	Mailing Address
1401-A CLEVELAND ST. CLEARWATER FL ~~34615~~ US	1401-A CLEVELAND ST. CLEARWATER FL ~~34615~~ US

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip 33755 (24) Country (25) | Zip 33755 (29) Country (30)

3. Date Incorporated or Qualified: 06/08/1992

4. FEI Number: 59-3162702 ☐ 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

9. Name and Address of Current Registered Agent

HELMUT ZIEHE
1401-A CLEVELAND ST
CLEARWATER FL ~~34615~~

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 33755

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE X Helmut Ziehe, Pres. 1-5-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	ZIEHE, HELMUT		1.2 NAME	Ziehe, Helmut	
STREET ADDRESS	708A N. OSCEOLA AVE		1.3 STREET ADDRESS	2402 Ecuadorian Way #54	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	Clearwater FL 33763	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPATES, WILLIAM H., III		2.2 NAME		
STREET ADDRESS	1848 OAKLAKE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34624		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	15920 IVERSON LANE	☒ Change ☐ Addition
NAME	BURMASTER, M. SPARK		3.2 NAME		
STREET ADDRESS	R.R., 1, BOX 77-A N/A		3.3 STREET ADDRESS	CHASEBURG, WI 54621	
CITY-ST-ZIP	CHASEBURG WI		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		

CR2E037 (11/98)

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 617, 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: X SIGNATURE REQUIRED Helmut Ziehe 1-5-99 (727)461-4371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #