

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P31141** (5)

1. Corporation Name

TEMPLETON INSTITUTIONAL FUNDS, INC.

Principal Place of Business

700 CENTRAL AVE.  
ST. PETERSBURG FL 33701-3628

Mailing Address

700 CENTRAL AVE.  
ST. PETERSBURG FL 33701-3628

APPROVED  
AND  
FILED

95 MAY 27 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900001475368  
-05/04/95--01026--010  
\*\*\*\*208.75 \*\*\*\*208.75

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/26/1990	04/29/1994
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-3020895	Not Applicable
24. zip	25. Country	29. zip	30. Country	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MISTELE, THOMAS M. 700 CENTRAL AVE., ST. PETERSBURG FL 33701-3628				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and last 4 applicable) (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, DONALD F.	1.2 NAME	
STREET ADDRESS	500 E. BROWARD BLVD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL 33394-3091	1.4 CITY, ST, ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CHARLES B	2.2 NAME	
STREET ADDRESS	777 MARINERS ISLAND BLVD.	2.3 STREET ADDRESS	
CITY, ST, ZIP	SAN MATEO CA 94404-1585	2.4 CITY, ST, ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISTELE, THOMAS M.	3.2 NAME	
STREET ADDRESS	700 CENTRAL AVE.	3.3 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL 33701-3628	3.4 CITY, ST, ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIO, JAMES R.	4.2 NAME	
STREET ADDRESS	500 E. BROWARD BLVD.	4.3 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL 33394	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, WILLIAM YOUNG II	5.2 NAME	
STREET ADDRESS	APARTADO POSTAL 805 N/A	5.3 STREET ADDRESS	P.O. Box N-7776, Lyford Cay
CITY, ST, ZIP	PANAMA 1, PANAMA	5.4 CITY, ST, ZIP	Nassau, Bahamas
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TSERETPOULOS, C. DEAN	6.2 NAME	
STREET ADDRESS	P.O. BOX N-7776 N/A	6.3 STREET ADDRESS	
CITY, ST, ZIP	LYFORD CAY, NASSAU	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)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Thomas M. Mistele* 4/27/95 613-823-5712  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

**TEMPLETON INSTITUTIONAL FUNDS, INC.**

**Continuation of Question No. 12 (Names and Addresses of Each Officer and Director):**

<b>Title</b>	<b>Names of Officers &amp; Directors</b>	<b>Street Address/City &amp; State</b>
V	Holowesko, Mark G.	Lyford Cay Nassau, Bahamas N/A
V	Flanagan, Martin L.	777 Mariners Island Blvd. San Mateo, CA 94404-1585
A/S	Steele, Jeffrey L.	1500 K Street Washington, D.C. 20005
A/T	Collins, Jack L.	700 Central Avenue St. Petersburg, FL 33701
D	Crothers, Frank J.	P.O. Box N-3238 Nassau, Bahamas N/A
D	Millsaps, Fred R.	2665 NE 37th Drive Ft. Lauderdale, FL 33308
D	Fortunato, S. Joseph	200 Campus Drive Florham Park, NJ 07932
D	Ashton, Harris J.	Metro Center, One Station Place Stamford, CT 06902
V	Jacobs, Daniel L.	500 E. Broward Blvd. Ft. Lauderdale, FL 33394
V	Chaney, James E.	500 E. Broward Blvd. Ft. Lauderdale, FL 33394
V	J. Mark Mobius	2 Exchange Square Rm. 905 Hong Kong
V	Latta, Thomas	500 E. Broward Blvd. Ft. Lauderdale, FL 33394
V	Kay, John R.	500 E. Broward Blvd. Ft. Lauderdale, FL 33394
D	Hines, Andrew H., Jr.	150 - 2nd Avenue North St. Petersburg, FL 33701
D	Bennett, John G., Jr.	100 Matsonford Road Radnor, PA 19087

**TEMPLETON INSTITUTIONAL FUNDS, INC.**

**Continuation of Question No. 12 (Names and Addresses of Each Officer and Director):**

<b>Title</b>	<b>Names of Officers &amp; Directors</b>	<b>Street Address/City &amp; State</b>
D	Macklin, Gordon S.	8212 Burning Tree Road Bethesda, MD 20817
D	Brady, Nicholas F.	The Bullitt House 102 E. Dover St. Easton, MD 21601