

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90053 006 ***150.00

DOCUMENT # P95000041107

1. Entity Name
INSTRUSER CO.

Principal Place of Business 2500 E. HALLANDALE BCH. BLVD. SUITE 403 MIAMI FL 33009	Mailing Address 2500 E. HALLANDALE BCH. BLVD. SUITE 403 MIAMI FL 33009-4837
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2. Principal Place of Business 21006 WEST DIXIE HIGHWAY	3. Mailing Address 21006 WEST DIXIE HIGHWAY
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Suite, Apt. #, etc. 21006	Suite, Apt. #, etc. #21006
City & State Miami, FL	City & State Miami, FLORIDA

Zip 33180	Country U.S.A	Zip 33180	Country U.S.A
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4. FEI Number 59-3341298	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PLYE, MICHAEL A
~~607 BEVILLE RD~~
~~SUITE A~~
~~DAYTONA BEACH FL 32119~~

CHANGE ADDRESS ONLY

7. Name and Address of New Registered Agent

Name **MICHAEL PYLE**
 Street Address (P.O. Box Number is Not Acceptable)
1265 W. GRANDA BLVD., SUITE 1
 City **ORMOND BEACH** FL Zip Code **32174**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTINI, HUMBERTO 2500 E. HALLANDALE BCH. BLVD., #403. MIAMI FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAD DOLORES, CONTINI 21085 NE 34 AVE APT 103 AVENTURA FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **HUMBERTO CONTINI** FEB. 10 - 2000 (205) 466-1700
 _____ Date Daytime Phone #
 _____ PRESIDENT

CR2E034 (9/99)