

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 569105 (0)

1. Corporation Name
INST-INC.



Principal Place of Business Mailing Address
450 SW 11TH PL 450 SW 11TH PL
PO BOX 272967 PO BOX 272967
BOCA RATON FL 33427 BOCA RATON FL 33427

3. Date Incorporated or Qualified 04/13/1978 3a. Date of Last Report 04/19/1995
4. FEI Number 59-1824327 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
KILIAN, ROBERT
450 SW 11TH PL
BOCA RATON, FL
33432

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 607.1508, 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: _____ (NOTE: Registered Agent signature required when not state g. DATE _____)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KILIAN, ROBERT 450 SW 11TH PL BOCA RATON, FL 00000	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY - ST - ZIP		14. CITY - ST - ZIP	
TITLE	D KILIAN, KATHLEEN 450 SW 11TH PL BOCA RATON FL	2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. 2. NAME	
STREET ADDRESS		2. 3. STREET ADDRESS	
CITY - ST - ZIP		2. 4. CITY - ST - ZIP	
TITLE		3. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. 2. NAME	
STREET ADDRESS		3. 3. STREET ADDRESS	
CITY - ST - ZIP		3. 4. CITY - ST - ZIP	
TITLE		4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2. NAME	
STREET ADDRESS		4. 3. STREET ADDRESS	
CITY - ST - ZIP		4. 4. CITY - ST - ZIP	
TITLE		5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2. NAME	
STREET ADDRESS		5. 3. STREET ADDRESS	
CITY - ST - ZIP		5. 4. CITY - ST - ZIP	
TITLE		6. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2. NAME	
STREET ADDRESS		6. 3. STREET ADDRESS	
CITY - ST - ZIP		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)(k), 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.

SIGNATURE: *Kathleen J. Kilian* KATHLEEN J. KILIAN 3/21/96 707-392-6119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)