

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **569105** (0)  
1. Corporation Name  
**INST-INC.**



Principal Place of Business <b>450 SW 11TH PL PO BOX 272967 BOCA RATON FL 33427</b>	Mailing Address <b>450 SW 11TH PL PO BOX 272967 BOCA RATON FL 33427</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/13/1978</b>		4. FEI Number <b>59-1824327</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
2. Principal Place of Business 21 <b>643 SW 14th St</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>PO Box 272967</b> Suite, Apt. #, etc.	6. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State 23 <b>BOCA RATON, FL</b>	27 City & State 28 <b>BOCA RATON, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 <b>33486</b> Zip	25 <b>USA</b> Country	29 <b>33427</b> Zip		30 <b>USA</b> Country	
9. Name and Address of Current Registered Agent <b>KILIAN, ROBERT 450 SW 11TH PL BOCA RATON, FL 33432</b>			10. Name and Address of New Registered Agent		

B1 Name <b>ROBERT KILIAN</b>
B2 Street Address (P.O. Box Number is Not Acceptable) <b>643 SW 14th St</b>
B3
B4 City <b>BOCA RATON</b>
B5 State <b>FL</b>
B6 Zip Code <b>33486</b>

11. Pursuant to the provisions of Sections 607.002 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: *John A. Kilian* DATE: **2/9/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KILIAN, ROBERT</b>		1.2 NAME <b>KILIAN, Robert</b>	
STREET ADDRESS <b>450 SW 11TH PL</b>		1.3 STREET ADDRESS <b>643 SW 14th St</b>	
CITY-ST-ZIP <b>BOCA RATON, FL 00000</b>		1.4 CITY-ST-ZIP <b>BOCA RATON, FL 33486</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KILIAN, KATHLEEN</b>		2.2 NAME <b>KILIAN, KATHLEEN</b>	
STREET ADDRESS <b>450 SW 11TH PL</b>		2.3 STREET ADDRESS <b>643 SW 14th St</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>		2.4 CITY-ST-ZIP <b>BOCA RATON, FL 33486</b>	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert A. Kilian* DATE: **2/9/98** 561-342-6232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0328350

CR2E034 (10/97)