


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90126 019 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 744827</b>					
1. Corporation Name <b>FLORIDA INSTITUTIONAL LEGAL SERVICES, INC.</b>					
Principal Place of Business <b>1110-C NW 8TH AVE          GAINESVILLE FL 32601          US</b>			Mailing Address <b>1110-C NW 8TH AVE          GAINESVILLE FL 32601          US</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>11/03/1978</b>	
4. FEI Number <b>59-1860154</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		9. Name and Address of Current Registered Agent <b>BOECHER, GLEN M          1110-C NW 8TH AVE          GAINESVILLE, FL FL 32601</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		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 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 NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTEAD, RALPH 1765 PAM CIRCLE ORLANDO FL	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHUMAN, GLENN 20 SOUTH MAGNOLIA AVENUE OCALA FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUROCHER, JOSEPH W STE 500, 1 N ORANGE AVE ORLANDO FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EUBANK, BOBBIE LEE 2700 NE 43RD STREET GAINESVILLE FL	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, JAMES F, JR 2725 JUDGE FRAN JAMIESON WAY BUILDING E VIERA FL 32940	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, MICHELLE U OF F, COLLEGE OF LAW, POB 117625 GAINESVILLE FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

744827  
444656-90126-19

Corporation Annual Report 1999  
Document #744827

Officers and Directors (Continued)

D	<input type="checkbox"/> DELETE	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
Peter Nimkoff		
2671 Executive Center Circle West, Ste. 100		
Tallahassee, FL 32301		

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D	<input checked="" type="checkbox"/> DELETE	D	<input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION
Susan Cary		George F. Schaefer	
1215 NW 4th Street		1005 SW 2 <sup>nd</sup> Avenue	
Gainesville, FL 32601		Gainesville, FL 32601	

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D	<input type="checkbox"/> DELETE	D	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION
Michael Figgins			
126 W. Adams Street			
Jacksonville, FL 32202-3849			

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