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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748687** (1)

1. Corporation Name
FLORIDA ASSOCIATION FOR INSTRUCTIONAL MATERIALS, INC.



Principal Place of Business 6860 GULFPORT BLVD S BOX 158 P.O. BOX 280096 ST PETERSBURG FL 33707	Mailing Address 6860 GULFPORT BLVD S BOX 158 P.O. BOX 280096 ST PETERSBURG FL 33707
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3. Date Incorporated or Qualified 08/29/1979
4. FEI Number 59-2896526
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

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
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent CLYNES, BILL 1309 PELICAN CRK CROSSING SOUTH PASADENA FL 33707
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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 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 *William J. Clynès* **1/16/98**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	LANCASTER, JOYCE
STREET ADDRESS	808 BELLEMADE AVE
CITY-ST-ZIP	TAMPA FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	SHEAN, JACK
STREET ADDRESS	1385 50 AVE. NE
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BOHR, HANK
STREET ADDRESS	2081 HAWKCREST DR E
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RUTTE, GERALD R
STREET ADDRESS	2100 GULFVIEW BLVD
CITY-ST-ZIP	DUNEDIN FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	CLYNES, BILL
STREET ADDRESS	1309 PELICAN CRK CRSG
CITY-ST-ZIP	SOUTH PASADENA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PETNEY, DAVID
STREET ADDRESS	635 JAMESTOWN BLVD #2182
CITY-ST-ZIP	ALTAMONTE SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P Shean, Jack
1.3 STREET ADDRESS	1385 50 Ave NE
1.4 CITY-ST-ZIP	ST. Petersburg, FL 33703
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP Jerry Rutter
2.3 STREET ADDRESS	2100 Gulfview Blvd.
2.4 CITY-ST-ZIP	Dunedin, FL 34698
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Paul Edler
3.3 STREET ADDRESS	PO Box 5968 N/A
3.4 CITY-ST-ZIP	High Home Pt. FL 34698
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ann See Gruber
4.3 STREET ADDRESS	PO Box 8422 N/A
4.4 CITY-ST-ZIP	Coral Springs, FL 33705
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jack D. Duckerson
6.3 STREET ADDRESS	5536 Sail Court
6.4 CITY-ST-ZIP	Orlando, FL 32819

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.

SIGNATURE: *William J. Clynès* **1/16/98**

CR2E037 (1097)