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FILED

Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749710 (0)

1. Corporation Name

CBA INSTITUTE, INC.



Principal Place of Business

Mailing Address

7600 66TH STREET NORTH SUITE 200
P.O. BOX 2150
PINELLAS PARK FL 34664-91507600 66TH STREET NORTH SUITE 200
P.O. BOX 2150
PINELLAS PARK FL 33780-21503. Date Incorporated or Qualified
11/07/19793a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 33781 25 29 30

4. FEI Number

59-1959483

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISCHER, RODNEY S.
7600 66TH STREET NORTH
SUITE 200
PINELLAS PARK FL 34665

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code
33781

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

Rodney S. Fischer, Executive Director 1/31/97

Signature of registered agent or officer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME ROSENBLUTH, JIM
STREET ADDRESS 7600 66TH STREET N #200
CITY-ST-ZIP PINELLAS PARK FL☐ DELETE1.1 TITLE P/D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☒ Change☐ AdditionTITLE TD
NAME SOCKOL, PETER
STREET ADDRESS 7600 66TH STREET NORTH, # 200
CITY-ST-ZIP PINELLAS PARK FL☐ DELETE2.1 TITLE V/D
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☒ Change☐ AdditionTITLE PD
NAME THEIS, STEVE
STREET ADDRESS 7600 66TH ST NO 200
CITY-ST-ZIP PINELLAS PARK FL☒ DELETE3.1 TITLE S/D
3.2 NAME Maggio, Frank
3.3 STREET ADDRESS 7600 66th St N #200
3.4 CITY-ST-ZIP Pinellas Park, FL 33781☐ Change☒ AdditionTITLE D
NAME HABIB, DAVID
STREET ADDRESS 7600 66TH ST N #200
CITY-ST-ZIP PINELLAS PARK FL☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE VD
NAME SCHMITT, ALICIA
STREET ADDRESS 7600 66TH STREET NORTH, # 200
CITY-ST-ZIP PINELLA PARK FL☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE SD
NAME QUARTETTI, RALPH
STREET ADDRESS 7600 66TH STREET NORTH, # 200
CITY-ST-ZIP PINELLAS PARK FL☐ DELETE6.1 TITLE T/D
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☒ Change☐ Addition

14. I do 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:

James Rosenbluth

James Rosenbluth

1/31/97

(813) 545-5536

Date

Daytime Phone # 0052098

CR2E037 (9/96)