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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749710** (0)

1. Corporation Name
CBA INSTITUTE, INC.

Principal Place of Business 7600 66TH STREET NORTH SUITE 200 P.O. BOX 2150 PINELLAS PARK FL 34864-0150	Mailing Address 7600 66TH STREET NORTH SUITE 200 P.O. BOX 2150 PINELLAS PARK FL 34864-0150
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3. Date Incorporated or Qualified 11/07/1979	4. FEI Number 59-1959483	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33780-2150	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 33780-2150
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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**FISCHER, RODNEY S.
7600 66TH STREET NORTH
SUITE 200
PINELLAS PARK FL 34865**

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 **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* **Rodney S. Fischer, Executive Director** 2/17/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	ROSENBLUTH, JIM
STREET ADDRESS	7600 66TH STREET N #200
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	SOCKOL, PETER
STREET ADDRESS	7600 66TH STREET NORTH, # 200
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	MAGGIO, FRANK
STREET ADDRESS	7600 66TH N #200
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HABIB, DAVID
STREET ADDRESS	7600 66TH ST N #200
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SCHMITT, ALICIA
STREET ADDRESS	7600 66TH STREET NORTH, # 200
CITY-ST-ZIP	PINELLA PARK FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	QUARTETTI, RALPH
STREET ADDRESS	7600 66TH STREET NORTH, # 200
CITY-ST-ZIP	PINELLAS PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McAuliffe, Steve
1.3 STREET ADDRESS	7600 66th St. N. #200
1.4 CITY-ST-ZIP	Pinellas Park, FL 33781
2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tibma, Peter
2.3 STREET ADDRESS	7600 66th St. N. #200
2.4 CITY-ST-ZIP	Pinellas Park, FL 33781
3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Ralph Quartetti* **Ralph Quartetti** 2/17/98 813-545-5536

CR2E037 (10/97)