


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90293 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749710

1. Corporation Name

CBA INSTITUTE, INC.

Principal Place of Business

7600 66TH STREET NORTH SUITE 200
P.O. BOX 2150
PINELLAS PARK FL 33780-2150
US

Mailing Address

7600 66TH STREET NORTH SUITE 200
P.O. BOX 2150
PINELLAS PARK FL 33780-2150
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/07/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1959483	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	

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	<input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAULIFFE, STEVE	1.2 NAME	
STREET ADDRESS	7600 66TH ST N 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33781	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIBMA, PETER	2.2 NAME	William Lindsay
STREET ADDRESS	7600 66TH ST N 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33781	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGIO, FRANK	3.2 NAME	
STREET ADDRESS	7600 66TH N #200	3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABIB, DAVID	4.2 NAME	
STREET ADDRESS	7600 66TH ST N #200	4.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITT, ALICIA	5.2 NAME	Doug Wiley
STREET ADDRESS	7600 66TH STREET NORTH, # 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLA PARK FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUARTETTI, RALPH	6.2 NAME	D
STREET ADDRESS	7600 66TH STREET NORTH, # 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	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 Rodney S. Fischer

4/15/99

727-545-5536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)