## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **F57023**

1. Corporation Name

	ISTRUCTION, INC.							
Principal Place of	Business	Mailing Address					,	41411 E/E(11561
6880 46 AVE N.		366 145TH AVE.						
SUITE 250 ST PETERSBURG FL 33709		MADEIRA BEACH FL 33708 US			DO NOT WRITE IN THIS SPACE			
SI PETERSBURG PL 33709					3. Date Incorporated or Qualifed			
					11/23/1981			
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number			oplied For
21		26			59-2144196			ot Applicable
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.		•	5. Certifcate of Status Desired			Additional equired
City & State		27    City.& State		بالمساحد والمساد	6. Election Campaign Financing			May Be
City & State		28		-	Trust Fund Contribution	' 📮		to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the cu	rrent year Int	tangible	
24	25	29	30		Personal Property Tax.	-	☐Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered	Agent	· ·
DICHAD	DO MOCI AINI, GUGANI		81	l Name	•			
RICHARDS-MCCLAIN, SUSAN 366 145TH AVENUE			82	Street Addr	ess (P.O. Box Number is Not Accep	table)		
000 110	A BCH. FL 33708		83	<u>,                                     </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	184 1 1 1 6 7 (4.47 ] 1 8 8 4 [ ] 2	eleter erter eres.	STANDERSON AND STANDARD
170 (5)			°`	<b>'</b>			制制制	
		84	City		FL	85 Zip	Code	
11. Pursuant to t	he provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	/e-named corp	oration submits this statement for thon's board of directors. I hereby according		changing its	registered
office or regis	stered agent, or both, in the State of	i Florida. Such change was au	illionzea bi		Ulta buald of directors. Thereby acc	opt the appo	III CONCORDO IV	,9.0.0.00
agent. Familie	amiliar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statute	s.				1
SIGNATURE							· w=-	
SIGNATURE Sign	nature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age		d when reinstating)	DATE	· »	
SIGNATURE Sign	nature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Age		d when reinstating) ,	DATE	· »	
SIGNATURE Sign	ature, typed or printed name of registered agent of of FICERS AND	and title if applicable. (NOTE:	Registered Age	ent signature require	d when reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE SIGNATURE PINAME MANE	of registered agent in OFFICERS AND DECLAIN, KENNETH W	and title if applicable. (NOTE: I	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature require	d when reinstating) ,	DATE	ND DIRECTO	DRS IN 12
SIGNATURE  12.  1//LE  NAME  STREET ADDRESS  34	of Ficers and Officers and Officers and Officers and Officers and Occident, Kenneth W 66 145TH AVENUE	and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME	ent signature require	d when reinstating) ,	DATE	ND DIRECTO	DRS IN 12
SIGNATURE   SIGNATURE   P	of registered agent in OFFICERS AND DECLAIN, KENNETH W	and title if applicable. (NOTE: I	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature require	d when reinstating) ,	DATE	ND DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE P  NAME M  STREET ADDRESS CITY-ST-ZIP M  TITLE V	OFFICERS AND OFFICERS AND OFFICERS AND OCCLAIN, KENNETH W 66 145TH AVENUE ADERIA BEACH FL 33708	and title if applicable. (NOTE: I) DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-	ent signature require	d when reinstating) ,	DATE	ND DIRECTO	DRS IN 12
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14. I hereby certify that the information supplied with this fill g 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 of trustee empowered to execute this report as required by Chapter 601. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an accurate the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 601. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an accurate and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 601.

6.4 CITY-ST-ZIP

**SIGNATURE** 

**FILED** 

Feb 03, 1999 8:00am

**Secretary of State** 

02-03-1999 90012 032 \*\*\*150.00