

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 94000005455

1. Corporation Name  
The International Institute For Quality and Ethics  
In Service and Tourism LTD, INC.

Principal Place of Business Mailing Address  
8742 Misty Creek Dr. 8742 Misty Creek Dr.  
Sarasota FL 34241 Sarasota, FL 34241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/20/94	3a. Date of Last Report
4. FEI Number 04-3045352	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent

Hall, Stephen S.  
8742 Misty Creek Dr.  
Sarasota, FL 34241

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE Stephen Hall Stephen Hall

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HALL, Stephen S.
STREET ADDRESS	8742 Misty Creek Dr.
CITY-ST-ZIP	Sarasota, FL 34241
TITLE	S
NAME	HALL, Marjorie S.
STREET ADDRESS	8742 Misty Creek Dr.
CITY-ST-ZIP	Sarasota, FL 34241
TITLE	F
NAME	Keim, Peter D
STREET ADDRESS	75 81 CORDOBA CIRCLE
CITY-ST-ZIP	NAPLES, FL 33942
TITLE	D.
NAME	GUIBILATO, GERARD DR.
STREET ADDRESS	AV BERNARD HIRSCH
CITY-ST-ZIP	95021 CERGY PONTOISE, FRANCE
TITLE	D
NAME	BUCHANAN, DOLLY W. PhD.
STREET ADDRESS	200 ROOSEVELT HALL, E. MICH. UNIV
CITY-ST-ZIP	YPSILANTE, MICHIGAN 48197
TITLE	J.
NAME	DERMODY, DONAL. PROF.
STREET ADDRESS	3301 COLLEGE AVE
CITY-ST-ZIP	FT. LAUDER DALE, FL 33314

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SONKE, SARAH W.	
1.3 STREET ADDRESS	10800 MIDLOTHIAN TURNPIKE	
1.4 CITY-ST-ZIP	Suite 254, Richmond, Va. 23235	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	300001419373	
2.4 CITY-ST-ZIP	-03/02/95--01056--020	
	*****61.25 *****61.25	
3.1 TITLE		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Stephen Hall Stephen S. Hall 2/14/94 812-927-3010

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88W