

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000005455 (0)

1. Corporation Name

THE INTERNATIONAL INSTITUTE FOR QUALITY AND ETHICS IN SERVICE AND TOURISM LTD., INC.



Principal Place of Business

**8742 MISTY CREEK DRIVE
SARASOTA FL 34241**

Mailing Address

**8742 MISTY CREEK DRIVE
SARASOTA FL 34241**

3. Date Incorporated or Qualified
10/20/1994

3a. Date of Last Report
03/01/1995

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

4. FEI Number
04-3045352

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. 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

**HALL, STEPHEN S
8742 MISTY CREEK DRIVE
SARASOTA FL 34241**

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 **PD** ☐ DELETE
NAME **HALL, STEPHEN S**
STREET ADDRESS **8742 MISTY CREEK DRIVE**
CITY-ST-ZIP **SARASOTA FL 34241**

1.1 TITLE ☐ Change ☐ Addition

TITLE **S** ☐ DELETE
NAME **HALL, MARJORIE S**
STREET ADDRESS **8742 MISTY CREEK DRIVE**
CITY-ST-ZIP **SARASOTA FL 34241**

1.2 NAME ☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **KEIM, PETER D**
STREET ADDRESS **7589 CORDOBA CIRCLE**
CITY-ST-ZIP **NAPLES FL 33942**

1.3 STREET ADDRESS

TITLE **D** ☐ DELETE
NAME **GUIBILATO, CERARD**
STREET ADDRESS **AV BERNARD HIRSCH 95021 CERGY-PONTOISE**
CITY-ST-ZIP **CEDEX FRANCE**

1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DERMODY, DONAL A**
STREET ADDRESS **3301 COLLEGE AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☒ DELETE
NAME **SONKE, SARAH W**
STREET ADDRESS **10800 MIDLOTHIAN TURNPIKE-STE 254**
CITY-ST-ZIP **MIDLOTHIAN VA**

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 21, 96

941-927-3010

CR2E037 (12/95)