


FILE NOW: FILING FEE IS \$61.25

FILED

May 21 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 # **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
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3. Date Incorporated or Qualified 10/20/1994	
4. FEI Number 04-3045352	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent HALL, STEPHEN S 8742 MISTY CREEK DRIVE SARASOTA FL 34241
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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

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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	HALL, STEPHEN S
STREET ADDRESS	8742 MISTY CREEK DRIVE
CITY-ST-ZIP	SARASOTA FL 34241
TITLE	S <input type="checkbox"/> DELETE
NAME	HALL, MARJORIE S
STREET ADDRESS	8742 MISTY CREEK DRIVE
CITY-ST-ZIP	SARASOTA FL 34241
TITLE	D <input type="checkbox"/> DELETE
NAME	KEIM, PETER D
STREET ADDRESS	916 EGRETS RUN
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	QUIBILATO, CERARD
STREET ADDRESS	AV BERNARD HIRSCH 95021 CERGY-PONTOISE
CITY-ST-ZIP	CEDEX FRANCE
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DERMODY, DONAL A
STREET ADDRESS	3301 COLLEGE AVENUE
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	D. <input type="checkbox"/> DELETE
NAME	POLLY BUCHANAN Phd.
STREET ADDRESS	E. Mich. Univ. Sch of HRI.
CITY-ST-ZIP	20614 Roosevelt HALL
	Ypsilanti, MI 48197

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	N/A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D. RAY Goodman
1.3 STREET ADDRESS	School of HRI, UNH.
1.4 CITY-ST-ZIP	P.O. Box 898, Durham, NH 03824
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PETER KEIM
3.3 STREET ADDRESS	159 San RAFAEL LANE
3.4 CITY-ST-ZIP	NAPLES FL. 34119
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 S. Hall**

14 April 1998

CP2E037 (10/97)