

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90059 005 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005455

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/20/1994

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

9. Name and Address of Current Registered Agent

HALL, STEPHEN S
8742 MISTY CREEK DRIVE
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

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 **D** ☐ DELETE

NAME **GOODMAN, RAY**

STREET ADDRESS **P.O. BOX 898**

CITY-ST-ZIP **DURHAM NH 03824**

TITLE **S** ☐ DELETE

NAME **HALL, MARJORIE S**

STREET ADDRESS **8742 MISTY CREEK DRIVE**

CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **D** ☐ DELETE

NAME **KEIM, PETER D**

STREET ADDRESS **159 SAN RAFAEL AVENUE**

CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE

NAME **GUIBILATO, CERARD**

STREET ADDRESS **AV BERNARD HIRSCH 95021 CERGY-PONTOISE**

CITY-ST-ZIP **CEDEX FRANCE**

TITLE **D** ☐ DELETE

NAME **BUCHANAN P.H.D., POLLY**

STREET ADDRESS **2064 ROOSEVELT HALL**

CITY-ST-ZIP **YPSILANTI MI 48197**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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 REQUIRED

Date

Daytime Phone #

CR2E037 (1/98)