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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # K01795

(9)

INSTRUCTIONAL TECHNOLOGIES, INC.

FILED May 09 1997 8:00am Secretary of State

Principal Place of Business 5412 THOMAS ST BOKEEUA FL 33922 US				Mailing Address \$412 THOMAS ST BOKEELIA FL 33922-3220 US				######################################				
							3. Date Incorporated or Qualified 11/13/1987		te of La 1/199		ort	
2. Principal	Place of Business		<u> </u>	. Mailing Address				4. FEI Number			Appli	ed For
21			26				.,	65-0014358				pplicable
Suite, Apt <b>22</b> ]			27	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fø	e Requ	
City & St.	ite		28	City & State				Election Campaign Financing     Trust Fund Contribution			00 M	
Zτρ	C	Country		Zip	}a	untry		8. This corporation has liability for		<b></b> -	er s. 19	99.032,
24	25		29		[30]	·				_ No		
		Address of Curre	nt Hegis	stered Agent		81	Name	10. Name and Address of New Re	Giaretan 1	agent .		
	(LSKE, ALEXANDI											
	2 THOMAS STRE <del>Box 1003-</del>	EI				82	Street Addr	ress (P.O. Box Number is Not Acceptal	ble)			
	KEELIA FL 33922					83						
DOI	VEETIN LT 00955						<del></del>					
						84	City		FL	85	Zip Co	de
office or agent. I												
SIGNATURE	Signature, typied or printe	ed name of registered a			(NOTE Registere		nt signature requir	red when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIREC		
SIGNATURE	Signature, typied or printe	OFFICERS AF			13.		nt signature requir			DIREC		
SIGNATURE	P BRYLSKE, ALE	OFFICERS AF		CTORS	13. 1.1 T		nt signature requir					
SIGNATURE  12. THE NAME STREET ADDRESS	P BRYLSKE, ALE 5412 THOMAS	OFFICERS AF		CTORS	13. 1.1 T 1.2 N 1.3 S	TILE NAME STREET A	AODRESS					
SIGNATURE  12. THE NAME STREET ADDRESS CITY ST. ZIP	P BRYLSKE, ALE 5412 THOMAS BOKEELIA FL	OFFICERS AF		CTORS DELETE	13. 1.1.T 1.2.N 1.3.S 1.4.0	TILE NAME STREET A	AODRESS			Cha	nge [	Addition
SIGNATURE  12. THE NAME SPEEL ADDRESS CHY-ST-ZIP THE	P BRYLSKE, ALE 5412 THOMAS BOKEELIA FL	OFFICERS AF <b>XANDER F.</b> <b>ST</b>		CTORS	13. 1.1 T 1.2 N 1.3 S 1.4 Q 2.1 T	HTLE HAME STREET A CITY-ST	AODRESS				nge [	
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SIGNATURE  12. THE RAME SPREELADORESS CITY ST 20P THE NAME STREELADORESS	P BRYLSKE, ALE 5412 THOMAS BOKEELIA FL ST STREET, DEBO 5412 THOMAS	OFFICERS AT  XANDER F. ST  DRAH L.		CTORS DELETE	13.1 T 1.1 T 12 M 1.3 S 1.4 C 2.1 T 22 M 2.3 S	HTLE HAME STREET A CITY-ST TILE HAME STREET A	ADDRESS (-ZIP			Cha	nge [	Addition
SIGNATURE  12. THE NAME STREET ADDRESS CITY ST 2IF THE NAME	P BRYLSKE, ALE 5412 THOMAS BOKEELIA FL ST STREET, DEBO	OFFICERS AT  XANDER F. ST  DRAH L.		CTORS DELETE	13. 1.17 12N 1.3 S 14 C 2.17 2.2 h 2.3 S 2.4 4	HILE HAME STREET A CITY-ST TILE HAME STREET A CITY-ST	ADDRESS (-ZIP			Cha	nga [	Addition
SIGNATURE  12. THE NAME SPREELADORESS CHY-ST-20P	P BRYLSKE, ALE 5412 THOMAS BOKEELIA FL ST STREET, DEBO 5412 THOMAS	OFFICERS AT  XANDER F. ST  DRAH L.		CTORS  DELETE  DELETE	13. 1.17 12N 1.3 S 14C 2.17 2.2 M 2.3 S 2.4 4 3.17	HILE HAME STREET A CITY-ST TILE HAME STREET A CITY-ST	ADDRESS (-ZIP			Cha	nga [	Addition  Addition
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information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the Lam an officer or direction of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if that good or on an attachment with an address.

SIGNATURE:

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