FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K10975 (6)THE INSTITUTE FOR ENLIGHTENMENT INC. Mailing Address Principal Place of Business 18 ST. AUGUSTINE BLVD. 18 ST. AUGUSTINE BLVD. ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2928379 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes □ No 29 30 Personal Property Tax due June 30. 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **DEWITT. FRANNY** 18 ST. AUGUSTINE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32084 83 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 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when rainstating) Signature, typed of printed paths of registered against and little if applicable DATE OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE DEWITT, FRANKY NAME 1.2 NAME 18 ST. AUGUSTINE BLVD. STREET ADDRESS 1.3 STREET ADDRESS ST. AUGUSTINE FL CITY-SI-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-ST-ZiP CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME

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Change

Addition

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 of 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 changed, or on an attachment with an address.

SIGNATURE: Transcaus Switch Canna Switch Frank Switch Fran

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

anny Dewitt-April 21,1998

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP