FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

N RT FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20214

(5)

FILED
May 05 1998 8:00am
Secretary of State

1. Corporatio	n Name	(-)				
CARIB	BEAN LAW INSTITUTE, INC.					# 216# 8#8# #\&! #\&! ###! ###! ###!
Principal Place of Business Mailing Address					- 1 108(110) 310 11011 00340 41001 11011 0164 036	IF Q1011 Q1011 Q1011 B1011 B1011 1001
425 WEST JEFFERSON STREET 425 WEST JEFFERSON ST			TREET		Date Incorporated or Qualified	
FSU COLLEGE OF LAW		FSU COLLEGE OF LAW			04/17/1987	
TALLAHASSEE FL \$2301-1609		TALLAHASSEE FL 32301-1609			4. FEI Number	Applied For
					59-2799726	Not Applicable
2. Principal P	lace of Business	2a. Mailing Address			5. Certificate of Status Desired	\$8.75 Additional
21		26			5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
City & State		City & State			Trust Fund Contribution	Added to Fees
—		City & State			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	28 Zip	Country		 	
24	25	29	30		This corporation owes or has paid the Personal Property Tax due June 30.	Current year intangible Yes X No
	9. Name and Address of Current		1001		10. Name and Address of New Register	
		· · · · · · · · · · · · · · · · · · ·	81 Na	me		
MACNAMARA, STEPHEN R.				eet Addre	ess (P.O. Box Number is Not Acceptable)	
425 W. JEFFERSON STREET,			82 Str		as (1.6. box 14dinos) is 140 / 160 optable)	
FSU COLLEGE OF LAW			83			,
TALLAHASSEE FL 32306			84 Cit	v		- 85 Zip Code
				FL 1		
11. Pursuant	to the provisions of Sections 617.0502 egiste red agent, or both, in the State o	ł and 617.1508, Florida Statu of Florida Such chance was	ites, the above-nar authorized by the	ned corpo corporatio	oration submits this statement for the purpos on's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of Section 617.0503, F	lorida Statutes		,,	
SIGNATURE	Signature, typod or printed name of registered agen	A	Th: Registered Agent sign		d when reinstating) DAT	7
12.	OFFICERS AND		13.	atorb require	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	D'ALEMBERTE, TALBOT		1.2 NAME			
STREET ADDRESS	200 S. BISCAYNE BLVD. 41		1.3 STREET ADDRE	ESS		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	GRIFFITH, ELWIN		2.2 NAME			
STREET ADDRESS	425 W. JEFFERSON STREET		2.3 STREET ADDRE	ESS		
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	···
TITLE	D NEIDNEO DONALD I	☐ DELETE	3.1 TITLE			Change Addition
NAME	WEIDNER, DONALD J.		3.2 NAME			
STREET ADDRESS	425 W. JEFFERSON STREET TALLAHASSEE FL			ESS		
CITY-ST-ZIP TITLE	IALLANASSEC FL	DELETE	3.4. CITY-ST-ZIP			Change Addition
NAME			4.1 TITLE 4.2 NAME			The change The vocation
STREET ADDRESS			4.2 NAME 4.3 STREET AODRE			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	.33		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			45
STREET ADDRESS			5.3 STREET ADDRE	ss		25
CITY-ST-ZIP			5.4 CITY-ST-ZIP			5,5
TITLE	TOTAL TOTAL PROPERTY OF THE PARTY OF THE PAR	☐ DELETE	6.1 TITLE		300000000	Change
NAME			6.2 NAME		3000025121 -05/06/9801023-	ゴ
STREET ADDRESS			6.3 STREET ADDRE	:ss	***61.25	_0 <u>~0</u>
CITY-ST-ZIP	_		6.4 CITY - ST - ZIP		r rime a a digit	

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.

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