FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 N95000000951 (2) DOCUMENT

INSTITUTE OF AMERICAN STUDIES, INC.

Principal Place of Business Mailing Address							·	1 14911181 818 19191 91111 89111 88	til Amini Amini A	YANTI BALIM IMI	ille liefen bilde eleke	
10	00 WALLAC	CE AVE.		100 WALLACE AVE.								
SUITE 380				SUITE 380								
SARASOTA FL 34237				SARASOTA FL 34237				3. Date Incorporated or Qualified	3a D	ate of Last	Renort	
L								03/01/1995			Tioport	
 -	2. Principal Place of Business			2a. Mailing Address 26 P. O. BOX 2704				4. FEI Number		· · · · · · · · · · · · · · · · · · ·	Applied For	\Box
21	Suite, Apt. #, etc.			Suite, Apt. #, etc.			65-0580335			Not Applicable	릭	
22	2			27			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
23	City & State			City & State 28 SARASOTA FL			 Election Campaign Financing Trust Fund Contribution 					
24	Zip		Country 25	29 Zip 34230	Country 30				for intangible tax under s. 199.032,			
		9. Name	and Address of Current		100	_		10. Name and Address of New				\dashv
						81	Name	To. Marito and Moderate Of Horr	In Bistolea	Agent		\dashv
	KING, CLIFFORD M						04	00.0				
	100 WALLACE AVE.						Street A	Street Address (P.O. Box Number is Not Acceptable)				
.*	SUITE 3	380				83				· The desired section of the section		コ
	SARAS	OTA FL 342	237			84	City			85 Zig	p Code	
ļ						1	•		FL	_ ' ' '	•	
11.	or registe	reu agent, or	both, in the State of Fiorida	and 617.1508, Florida Statute a. Such change was authorize n 617.0503, Florida Statutes.	ROIDVIDA I	corp	named cor oration's b	rporation submits this statement for the puboard of directors. I hereby accept the app	rpose of chi xointment as	anging its r registered	egistered offic agent. I am	æ
SIG	NATURE	,	er the conganone on cooks	Transco, Florida Statutos.								
		Signature, typed	or printed name of registered agent ar		E: Registered	Ag en	t signatura rec	quired when reinstating)	DATE			ءِ ا
12.			OFFICERS AND		13.			ADDITIONS/CHANGES TO OF				∃ §
TITLE		D	IODAOE O	DELETE	1.1 Ti				l	Change	Addition	12
NAME		KING, HORACE C ADDRESS 1020 NORTH STATE RD.			: 1.2 N/							37
	ET ADDRESS	Į					ADDRESS					CR2E037
TITLE	-\$1 - ZIP	FLORA IL 62839				4 CITY-ST-ZIP 1 TITLE				Channe	The section	 ∺
NAME		KING, CLIFFORD M		Decerte	22 N/					☐ Change	Addition	- ~
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	-SI-ZIP		OTA FL 34237				T-ZIP					
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NAME		KING, N	IARY É	_	3 2 N/	AME	ļ					1
STREE	ET ADDRESS 100 WALLACE AVE. #380				3.3 ST							
CITY-	-ST-ZIP	SARASO	OTA FL 34237		3 4. C	ITY-S	T - ZIP					f
TITLE		Ď.		DELETE				90000174 -03/18/3601		Change	Addition	٦
NAME		MARTIN TUDOR		>	4. 2 N			-03/18/9601	94 En Lui 0420	النائية		
STREE	FT ADDRESS	DRESS 1020 NORTH STATE &		20	4.3 \$		ADDRESS	***61.25	7450	11		١.
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NAME					5 2 N/	ME	ľ					1
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	ST-ZIP	ļ			5.4 CI		r-ZIP					_
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NAME					6.2 NA		ļ					1
	SZAROCA I						ADDRESS					
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

1-22-96 941-955-9212 Dete Destrice Prove #