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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000951 (2)**

1. Corporation Name

INSTITUTE OF AMERICAN STUDIES, INC.



Principal Place of Business 100 WALLACE AVE. SUITE 380 SARASOTA FL 34237	Mailing Address 100 WALLACE AVE. SUITE 380 SARASOTA FL 34237-8043
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3. Date Incorporated or Qualified 03/01/1995	3a. Date of Last Report 03/18/1996
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2. Principal Place of Business 21 1800 SECOND ST #855 Suite, Apt. #, etc. 22	2a. Mailing Address 26 PO Box 2704 Suite, Apt. #, etc. 27	4. FEI Number 65-0580335 Applied For Not Applicable
City & State 23 SARASOTA FL	City & State 28 SARASOTA FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 34236	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 34230	Country 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**KING, CLIFFORD M
100 WALLACE AVE.
SUITE 380
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND ST #855
83	
84 City SARASOTA	85 Zip Code FL 34236

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: Clifford M King DATE: 1-15-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KING, HORACE C	1.2 NAME	
STREET ADDRESS	1020 NORTH STATE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLORA IL 62839	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KING, CLIFFORD M	2.2 NAME	
STREET ADDRESS	100 WALLACE AVE. #380	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D TUDOR, MARTIN	3.2 NAME	
STREET ADDRESS	1020 NORTH STATE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLORA IL 62839	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	4.2 NAME	SAN OZ-ALP
STREET ADDRESS		4.3 STREET ADDRESS	ANADOLU UNIVERSITY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ESKISEHIR, TURKEY
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D CHEVİK URAZ
STREET ADDRESS		5.3 STREET ADDRESS	MARMARA UNIVERSITY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ISTANBUL, TURKEY
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Clifford M King DATE: 1-15-97 941-365-0365
Signature and typed or printed name of signing officer or director

CR2E037 (9/96)