

FILE NOW: FILING FEE IS \$61.25

FILED

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

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

3. Date Incorporated or Qualified: 03/01/1995
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business: 1800 SECOND ST # 855 SARASOTA FL 34236 USA
2a. Mailing Address: PO BOX 2704 SARASOTA FL 34230 USA

4. FEI Number: 65-0580335
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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: KING, CLIFFORD M 82 Street Address (P.O. Box Number is Not Acceptable): 1800 SECOND ST # 855 83 City: SARASOTA FL 84 Zip Code: 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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, HORACE C	
STREET ADDRESS	1020 NORTH STATE RD.	
CITY-ST-ZIP	FLORA IL 62839	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, CLIFFORD M	
STREET ADDRESS	100 WALLACE AVE. #380	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TUDOR, MARTIN	
STREET ADDRESS	1020 NORTH STATE ROAD	
CITY-ST-ZIP	FLORA IL 62839	
TITLE	DELETED	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DELETED	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D SAN OZ-ALP
4.3 STREET ADDRESS	ANADOLU UNIVERSITY
4.4 CITY-ST-ZIP	ESKISEHIR, TURKEY
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D CHEVİK URAZ
5.3 STREET ADDRESS	MARMARA UNIVERSITY
5.4 CITY-ST-ZIP	İSTANBUL, TURKEY
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 Daytime Phone # 0045392

CR2E037 (9/96)