


FILE NOW: FILING FEE IS \$61.25

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Feb 21, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000000951					
1. Corporation Name INSTITUTE OF AMERICAN STUDIES, INC.					
Principal Place of Business 1800 2 ST #855 SARASOTA FL 34236 US			Mailing Address PO BOX 2704 SARASOTA FL 34230 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/01/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0580335	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29 30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KING, CLIFFORD M 1800 2 ST #855 SUITE 380 SARASOTA FL 34236				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

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 _____ DATE _____
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, CLIFFORD M	2.2 NAME	
STREET ADDRESS	400 WALLACE AVE. #380	2.3 STREET ADDRESS	1800 SECOND STREET #855
CITY-ST-ZIP	SARASOTA FL 34237	2.4 CITY-ST-ZIP	SARASOTA FL 34230
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OZ-ALP, SAN	4.2 NAME	
STREET ADDRESS	ANADOLU UNIVERSITY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ESKISEHIR TU	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URAZ, CHEVICK	5.2 NAME	
STREET ADDRESS	MARMADA UNIVERSITY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ISTANBUL TU	5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
CLIFFORD M. KING

Date

Daytime Phone #

1-8-99

941-365-0365

CR2E037 (11/98)