


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N95 0000 03595*

1. Corporation Name
INSTITUTE FOR FLORIDA'S FUTURE

Principal Place of Business 212 NORTH LAURA STREET JACKSONVILLE, FL 32202	Mailing Address P.O. BOX 52418 JACKSONVILLE, FL 32201
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3. Date incorporated or Qualified 07-27-95	
4. FEI Number 65-0659946	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 212 N. Laura Street	2a. Mailing Address 26 P.O. Box 52418		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 City & State Jacksonville, FL	27 City & State Jacksonville, FL		
24 Zip 32202	25 Country USA	28 Zip 32201	29 Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners' association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Mark Wallace
100 SE 2nd Street
Suite 2600
Miami, FL 33131

10. Name and Address of New Registered Agent

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 by the president, secretary, registered agent and the applicable (NYT) Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE D-	CARLOS ALFONSO <input type="checkbox"/> DELETE
NAME	13535 FEATHER SOUND DRIVE
STREET ADDRESS	SUITE 125
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE D-	JEANIE AUSTIN <input type="checkbox"/> DELETE
NAME	4444 N. Orange Blossom Trail
STREET ADDRESS	Orlando, FL 32804
CITY-ST-ZIP	
TITLE D-	Jay Crouse <input type="checkbox"/> DELETE
NAME	1408 State Street
STREET ADDRESS	Suite 715
CITY-ST-ZIP	Sarasota, FL 34236
TITLE D-	Linda Gill <input type="checkbox"/> DELETE
NAME	P.O. Box 21277 <i>N/A</i>
STREET ADDRESS	Ft. Lauderdale, FL 33335
CITY-ST-ZIP	
TITLE D-	Phil Handy <input type="checkbox"/> DELETE
NAME	P.O. Box 3090 <i>N/A</i>
STREET ADDRESS	Winter Park, FL 32790
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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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.

SIGNATURE: _____ **John Delaney** Chairman *4-15-98* (904) 634-1885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)