

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000004738 (9)**

1. Corporation Name

INTERNATIONAL INSTITUTE OF HUMAN ASSET ACCOUNTING INC.

Principal Place of Business

600 76TH AVE., NORTH, #103W
ST. PETERSBURG FL 33702

Mailing Address

600 76TH AVE., NORTH, #103W
ST. PETERSBURG FL 33702



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

3. Date Incorporated or Qualified
10/06/1995

3a. Date of Last Report

4. FEI Number
59-3342817

Applied For
Not Applicable

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

PETYS, ANNABELLE J
600 76TH AVE., NORTH, #103W
ST. PETERSBURG FL 33702

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Annabelle J. Petys 600 76th Ave., N., #103W St. Petersburg, FL 33702
NAME		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Frances Johnson 5711 Roxbury Drive Sarasota, FL 34231-8119
STREET ADDRESS		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	P/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Edward W. Johnson 6711 Roxbury Drive Sarasota, FL 34231-8119
CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	600001745426 -03/15/96-01103-021 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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: *Annabelle J. Petys*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

813-528-2025

Daytime Phone #

CR2E037 (12/95)