

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

97 MAR -3 AM 10:42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N96000001741
1. Corporation Name

THE INSTITUTE FOR HOME-BASED BUSINESSES, INC

Principal Place of Business

Mailing Address

8501 S.W. 29 ST
MIAMI, FLORIDA 33155

SAME

3. Date Incorporated or Qualified
4-1-96

3a. Date of Last Report
N/A

2. Principal Place of Business

21 8501 S.W. 29 STREET

Suite, Apt. #, etc

22

City & State

23 MIAMI, FL

Zip

24 33155

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0657464

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

MARVIN B. SEIDMAN
8501 S.W. 29 STREET
MIAMI, FLORIDA 33155

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

Marvin B. Seidman

2-22-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DIRECTOR DELETE

NAME

MARVIN B. SEIDMAN

STREET ADDRESS

8501 S.W. 29 ST

CITY - ST - ZIP

MIAMI, FLORIDA 33155

TITLE

DIRECTOR DELETE

NAME

GLORIA S. VALENTI

STREET ADDRESS

7525 N.W. 2ND CT

CITY - ST - ZIP

MIAMI, FLORIDA 33150

TITLE

DIRECTOR DELETE

NAME

WALTER K. GLENN

STREET ADDRESS

14231 N.W. 57 PLACE

CITY - ST - ZIP

MIAMI FLORIDA 33015

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

600002102096--5
-03/03/97--01025--025
*****70.00 *****70.00

A. Alan
3/3/97

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:

Marvin B. Seidman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President/Pres. 2-22-97

Date

305-579-0290

Daytime Phone #

CR2E037 (12/95)