

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000003535 (9)

1. Corporation Name

THE INSTITUTE FOR LAW AND SOCIETY, INC.

Principal Place of Business

2970 N. UMBERLAND DR.
TALLAHASSEE FL 32308

Mailing Address

2970 N. UMBERLAND DR.
TALLAHASSEE FL 32308

2 Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MASTERSON, STEPHEN M
2970 N. UMBERLAND DR.
TALLAHASSEE FL 32308

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME MASTERSON, STEPHEN M

STREET ADDRESS 2970 N. UMBERLAND DRIVE

CITY-STATE-ZIP TALLAHASSEE FL 32308

TITLE [] DELETE

NAME CACCIATORE, S. SAMMY JR.

STREET ADDRESS 525 N. HARBOR CITY BLVD.

CITY-STATE-ZIP MELBOURNE FL 32936

TITLE [] DELETE

NAME COKER, HOWARD C

STREET ADDRESS 136 EAST BAY STREET

CITY-STATE-ZIP JACKSONVILLE FL 32201

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/98

Date

(853)
6443410

Daytime Phone #

CR2E037 (5/98)

FILED
Oct 08 1998 8:00am⁸
Secretary of State



3. Date Incorporated or Qualified

07/03/1996

4. FEI Number

59-3388604

Applied for
Not Applicable

5. Certificate of Status Desired []

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution [X]

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

[] Yes [] No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. [] Yes [] No

10. Name and Address of New Registered Agent