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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004909 (5)**

1. Corporation Name

INTERNATIONAL ASSOCIATION OF ADAPTIVE SCIENCES, INC.



Principal Place of Business 51 N. FED. HWY 19A POMPAHO BEACH FL 33062	Mailing Address 51 N. FED. HWY 19A POMPAHO BEACH FL 33062
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3. Date Incorporated or Qualified

09/23/1996

4. FEI Number

06-0898729

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name **LESLIE B. PANCHULA**

82 Street Address (P.O. Box Number is Not Acceptable)
51 N. FED. HWY

83

84 City **POMPAHO BEACH**

FL

85 Zip Code
33062

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 **LESLIE B. PANCHULA** 51 N. FEDERAL HWY POMPAHO BEACH FL 33062
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **4-6-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PANCHULA, LESLIE B DR.	
STREET ADDRESS	51 NORTH FEDERAL HIGHWAY, SUITE 19	
CITY-ST-ZIP	POMPAHO BEACH FL 33062	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MALLIK, A. KARIM DR.	
STREET ADDRESS	51 NORTH FEDERAL HIGHWAY, SUITE 19	
CITY-ST-ZIP	POMPAHO BEACH FL 33062	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	PANCHULA, PAUL GREGORY	
STREET ADDRESS	51 NORTH FEDERAL HIGHWAY, SUITE 19	
CITY-ST-ZIP	POMPAHO BEACH FL 33062	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARKS, DAVID R	
STREET ADDRESS	2575 S.E. NINTH ST.	
CITY-ST-ZIP	POMPAHO BEACH FL 33062	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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.

SIGNATURE: **LESLIE B. PANCHULA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-98
Date

Daytime Phone # 000-100

CR2E037 (10/97)