

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000876

1. Corporation Name

JOHN WHITE INSTITUTE INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 P.O. BOX 875, CARPINTERIA,
Suite, Apt. #, etc.

22 City & State

23 CALIFORNIA

24 93014 25 U.S.A.

2a. Mailing Address

26 P.O. BOX 875
Suite, Apt. #, etc. CITY

27 CARPINTERIA

28 CALIFORNIA

29 93014 30 U.S.A.

3. Date Incorporated or Qualified

02-13-98

4. FEI Number

65-0824482

5. Certificate of Status Desired

X

6. Election Campaign Financing
Trust Fund Contribution

[]

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WALL, STEVEN
7160 CHAPMAN FIELD DRIVE
MIAMI, FL 33156

10. Name and Address of New Registered Agent

81 Name NATIONS CORP REGISTERED AGENTS INC
82 Street Address (P.O. Box Number is Not Acceptable)
526 EAST PARK AVENUE
83
84 City TALLAHASSEE FL 85 Zip Code 32301

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

Ed. Hand, Pres.

(NOTE: Registered Agent signature required when reinstating)

4/12/99

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

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CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P. C. D. M. [] Change [X] Addition

1.2 NAME STEVEN WALL
1.3 STREET ADDRESS 4980 SANDYLAND ROAD, #127
1.4 CITY-ST-ZIP CARPINTERIA, CA 93013

2.1 TITLE S D [] Change [X] Addition

2.2 NAME RUTH WALL
2.3 STREET ADDRESS 4980 SANDYLAND ROAD, #127
2.4 CITY-ST-ZIP CARPINTERIA, CA 93013

3.1 TITLE D T [] Change [X] Addition

3.2 NAME IAN KETLE
3.3 STREET ADDRESS 20 MOIRA CLOSE
3.4 CITY-ST-ZIP TOTTENHAM, LONDON W17 6HZ

4.1 TITLE D [] Change [X] Addition

4.2 NAME JOHN LLOYD
4.3 STREET ADDRESS 3 RUE LT ASQUIER
4.4 CITY-ST-ZIP 06270 VILLENEVE LOUBET, S. FRANCE.

5.1 TITLE [] Change [] Addition

5.2 NAME 7000002842967-1
5.3 STREET ADDRESS -04/19/99--01002--013
5.4 CITY-ST-ZIP *****70.00 *****70.00

6.1 TITLE [] Change [] Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE: Steven Wall, C.E.O. STEVEN WALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99 305-513-5683

Date Daytime Phone #

CR2E037 (11/98)