


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90017 020 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P38956</b>					
1. Corporation Name <b>THE A.K. RICE INSTITUTE, INCORPORATED</b>					
Principal Place of Business 19586 TRAILS END TERRACE JUPITER FL 33458			Mailing Address 19586 TRAILS END TERRACE JUPITER FL 33458		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/26/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		41-1262454	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GABELNICK, FAITH PHD	1.2 NAME	Winderman, Barbara
STREET ADDRESS	PO BOX 347 N/A	1.3 STREET ADDRESS	3206 Aberdeen Way
CITY-ST-ZIP	FOREST GROVE OR	1.4 CITY-ST-ZIP	Houston, TX 77025
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAXTON, EARL T	2.2 NAME	Rose S. Miller
STREET ADDRESS	3166 WEST WIND DRIVE	2.3 STREET ADDRESS	1530 Green Street
CITY-ST-ZIP	ALLISON PARK PA 15101	2.4 CITY-ST-ZIP	Philadelphia, PA 19130
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZE, TIMOTHY I	3.2 NAME	
STREET ADDRESS	P.O. BOX 679 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02134	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, CLAUDIA J PH.D	4.2 NAME	
STREET ADDRESS	4747 BELLAIRE BLVD, #342	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLAIRE TX 77401	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIZE, TIMOTHY I	5.2 NAME	Debra A. Noumair
STREET ADDRESS	34 CHESTER ROAD	5.3 STREET ADDRESS	200 W. 79th Street, #12-G
CITY-ST-ZIP	BELMONT MA	5.4 CITY-ST-ZIP	New York, NY 10024
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYRTYNBAUM, SOLOMON P	6.2 NAME	
STREET ADDRESS	1501 WASHINGTON	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL 60091	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: *Barbara Winderman* *President* 1/8/99 (713)666-0213  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)