

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2: 59

DOCUMENT # P94000089985 (3)

1. Corporation Name

INSTITUTIONAL GROUP, INC.

Principal Place of Business

235 NORTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

Mailing Address

235 NORTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/07/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

65-0541 886

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

UDELL, MICHAEL B ESQ.
235 NORTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature of President or person in charge of corporation, and the registered agent)

(NOTE: Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STEINMAN, HARRY
STREET ADDRESS 5211 S.W. 33RD AVENUE
CITY, ST, ZIP FORT LAUDERDALE FL 33309

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE D
NAME AIELLO, JOHN
STREET ADDRESS 5211 S.W. 33RD AVENUE
CITY, ST, ZIP FORT LAUDERDALE FL 33309

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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. I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on a subsequent filing with an address.

SIGNATURE:

SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Agent