FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # P95000042506 (2)

INSTITUTE FOR UNCERTAINTY MODELING, INC.

| Principal Place of Business | Mailing Address |
|-----------------------------|-----------------|
| 5184 COLUMBO COURT | 5164 COLUMBO |
| DELRAY BEACH FL 33484 | DELRAY BEACH |

FILED May 20 1997 8:00am Secretary of State



| DELRAY BEACH | 1 FL 33484 | | BEACH FL 334844 | 6658 | | | | | | | |
|----------------------------|---|--|--|------------------------------|------------------|--|--|--------------------|---------------------------------------|--------------------|--|
| | | | | | | | 3. Date Incorporated or Qualified 06/01/1995 | | 3a. Date of Last Report 07/22/1996 | | |
| 2. Principal Pla | ace of Business | 2a. Maili | 2a. Mailing Address | | | 4. | FEI Number | | | pplied For | |
| 21 | | 26 | | | | | | | | lot Applicable | |
| Suite, Apt. (| #, etc. | }n | Stille, Apt. #, etc. | | | 5. | 5. Certificate of Status Desired \$8.75 Addition | | | | |
| 22 | | 27 | City & State | | | 6. Election Campaign Financing \$5.00 May Pa | | | | | |
| City & State |) | | y & State | | | 6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe | | | | | |
| 23] Zip | Country | 28 Zip | | Country | | | 8. This corporation has liability for intangible tax under s. 199.032, | | | | |
| 24 | 25 | 29 | | 30 | | Florida Statutes | | | | | |
| 2-1 | 9. Name and Address of (| | | I | | 10. | Name and Address of New Re | gistere s A | gent | | |
| LAR | RY C. ROSENMAN C.P.A., | P.A. | | 81 | Name | | | | | | |
| | ROBIN'S NEST ROAD | | | 82 | Street A | ddress (| P.O. Box Number is Not Acceptat | ole) | | | |
| BOCA RATON FL 33496 | | | | | | | | | | | |
| | | | | 83 | | | | | | | |
| | | | | 84 | City | | | FL | 85 Zip | Code | |
| N. Pursuant t | a the provisions of Castions Co | 07 04.02 and 607 114 | 00 Clarida Statute | e the abov | o named e | ornorati | on submits this statement for the | 0.000000 | changing | its registered | |
| office or re agent. I a | egistered agent, or both, in the m familiar with, and accept the | e State of Florida, Su e obligations of, Sect | ich change was a tion 607.0505, Flo | uthorized b irida Statuto | y the corpose. | oration's | board of directors. Thereby acce | pt the appo | aintment a | s registered | |
| SIGNATURE | Signature, typed or printed name of regist | fored agent and title if applic | none (NO) | - Registered Ag | ont signature re | | | DATE | | | |
| 12. | OFFICE | RS AND DIRECTOR | | 13, | | | ADDITIONS/CHANGES TO OFFIC | ERS AND I | | | |
| TITLE | D | | DELETE | 1.h TITLE | | | | | Change | Addition | |
| NAME | ELISHAKOFF, ISSAC | | | 1.2 NAME | | | | | | | |
| STREET ADDRESS | 5164 COLUMBO COURT | | | | 1 ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | DELRAY BEACH FL 3341 | 04 | DELFTE | 1.4 COTY - 2.4 TITLE | ST-ZIF | | | | Change | Addition | |
| NAME | ELISHAKOFF, ESTER | | | 2.2 NAME | | | | | LLLS Grange | | |
| STREET ADDRESS | 5164 COLUMBO COURT | r | | | 1 ADDRESS | | | | | | |
| CITY-ST-ZIP | DELRAY BEACH FL 334 | | | 2-4 CHY- | | | | | | | |
| TALE | | | DEFFTE | 31 1111 | | | The state of the s | | Change | Addition | |
| NAME | | | | 3 NAME | | | | | | | |
| STREET ADDRESS | | | | 3.B STREE | 1 ADDRESS | | | | | | |
| City-St-Zip | | | | 3,4 C(TY- | ST-ZIP | | | | | | |
| TITLE | | | DELETE | 4.5 THEF | | | | | ☐ Change | Addition | |
| NAME | | | | 4. 2 NAMI | i | | | | | | |
| STREET ADDRESS | | | | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | DELETE | 4/4 CHY- 5/1 TOLE | ST-ZIP | | 7.5 Mar. 18 18 18 18 18 18 18 18 18 18 18 18 18 | | Change | Addition | |
| TITLE | | | ביי טוננונ | 5.1 HILE 5.2 NAME | | | | | FT Anough | יין אינטאנטאיין אי | |
| NAME STREET ADDRESS | | | | | 1 ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | 5,5 SIN: 0 | | | | | | | |
| TITLE | | | DELETE | 6.1 TITLE | V1-20 | | | | Change | : Addition | |
| NAME | | | - | 6.2 NAME | | | | | | | |
| STREET ADDRESS | | | | | 1 ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | 6,4 CITY- | | | | | | | |
| 18 | | | | | | -4 in C | Pacifica 440 07/2)/() Florido Ctotut | on Hurthon | and first | al tha | |

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. Fortiat the information indicated on this annual report or supplemental annual report is true and accurate and that my significant shall have the same logal effect as if made under oath; that I am an officer or director of the ecopyration or the receiver or trustee empowered to execute this foront as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.