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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P95000042506 (2)

1. Corporation Name
INSTITUTE FOR UNCERTAINTY MODELING, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5164 Columbo Crt.
Suite, Apt. #, etc.
22 Delray Beach FL
City & State
23 33484
Zip 24 33484 Country 25 FL, USA

2a. Mailing Address
26 5164 Columbo Crt.
Suite, Apt. #, etc.
27
City & State
28 Delray Beach FL
Zip 29 33484 Country 30 FL

3. Date Incorporated or Qualified
06/01/1995

4. FEI Number
65-0593911
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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
LARRY C. ROSENMAN C.P.A., P.A.
9927 ROBIN'S NEST ROAD
BOCA RATON FL 33496

10. Name and Address of New Registered Agent
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, type or print name of person signing and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ELISHAKOFF, ISSAC		1.2 NAME		
STREET ADDRESS	5164 COLUMBO COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33484		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ELISHAKOFF, ESTER		2.2 NAME		
STREET ADDRESS	5164 COLUMBO COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33484		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Isaac Elishakoff 4/16/98