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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P95000053420 (2)

INSTITUTE FOR ADVANCED STUDIES IN PERSONOLOGY & PSYCHOPATHOLOGY, INC.

Principal Place of Business 5400 SW 99 TERRACE MIAMI FL 33156

2. Principal Place of Business

Mailing Address

2a. Mailing Address

5400 SW 99 TERRACE MIAMI FL 33156

## **FILED** Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

07/11/1995 4. FEI Number

Suite, Apt. F, etc.    Suite, Apt. F, etc.	2. Principal Place of Business			2a. Mail	2a. Mailing Address				4. FEI Number			Applied For
Sc. Crity & Status	21			26	26				65-0605131			Not Applicable
City & State  Ci				Suite	Suite, Apt. #, etc.				5 Cortificate of Status Desired		\$8.75	Additional
20   Country   Zip   Z									Grandate of Status Desired		Fee	Required
20	<del></del> '				& State	ate			6. Election Campaign Financing		\$5.0	<b>0</b> May Be
Second   S	23			<del></del>				Trust Fund Contribution				
9. Name and Address of Current Registered Agent	_ `	Country Zip			ļ	Country			8. This corporation owes or has paid the current year Intangible			
PERLSTEIN, ARNOLD ESQ 4801 S UNIVERSITY DR. 2ND FLOOR FT LAUDERDALE FL 33328  82   Street Address (P.O. Box Number is Not Acceptable)  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 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 arm familiar with, and accept the colligations of, Section 607.0505, Florida Statutes.  SIGNATURE  STREET ADDRESS  12.						30			Personal Property Tax due June 30. X Yes No			
4801 S UNIVERSITY DR. 2ND FLOOR FT LAUDERDALE FL 33328  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City	Name and Address of Current Registered Agent								10. Name and Address of New	Registere	d Agent	
2ND FLOOR FT LAUDERDALE FL 33328  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Rorida 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, types or private have of registered agent and tile if septiation.  MILL DP DP DELETE 11 TILE DP DELETE 11 TILE DP DELETE 11 TILE DP DELETE 12 NAME MIAMI FL 33156  1.4 CITY-ST-ZIP MIAMI FL 33156  DELETE 21 TITLE VPTS DELETE 21 TITLE DELETE 3.1 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156  DELETE 3.1 TITLE DELETE 3.1	PERLSTEIN, ARNOLD ESQ						81	Name				ļ
2ND FLOOR FT LAUDERDALE FL 33328  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-harmed 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 in a final minimal with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-harmed corporation's board of directors, I hereby accept the appointment as registered agent in a final minimal with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-harmed corporation's board of directors, I hereby accept the appointment as registered agent in a final minimal minimal with a supplication.  (NOTE Registered Agent algorithms board of directors, I hereby accept the appointment as registered agent. I a final minimal min	4801 S UNIVERSITY DR.						82	Street Addre	ss (P.O. Box Number is Not Accept	able)	•	
B4   City   FL   85   Zip Code												ļ
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SIGNATURE   Signature, speed or printed serve of registered agent and title if applicable.   (NOTE Registered Agent, signature required when reintrating)   DATE							-	City		Fi	L  85   <sup>21</sup>	p Code
SIGNATURE												
SIGNATURE	office of re	egistered agent, i m familiar with, ar	or both, in the State nd accept the obliga	of Florida, Su ations of, Sect	ich change was ai tion 607.0505. Floi	uthorized rida Statu	by	the corporatio	in's board of directors. I hereby acc	ept the ap	pointment a	as registered
Signature, typed or printed aware of registered agent aircitise if applicable. (NOTE: Expestioned Agent aignature required when reintrating)   DATE						rea otata						
TITLE		Signature, typed or prin	nted name of registered age	nt and title if applic	able. (NOTE	Registered /	Agen	t signature required	t when reinstating)	DATE		t
MAME   MILLON, THEODORE   12 NAME   1.3 STREET ADDRESS   5400 SW 99 TERRACE   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	12.		OFFICERS AND	DIRECTORS	3	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	ND DIRECTO	DRS IN 12
STREET ADDRESS   5400 SW 99 TERRACE   1,3 STREET ADDRESS   1.4 CITY-ST-ZIP   MIAMI FL 33156   1.4 CITY-ST-ZIP   Change   Addition	TITLE	DP			☐ DELETE	1.1 TITL	E				Change	Addition
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Street Address	STREET ADDRESS							DDRESS				į
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NAME	TITLE			4	DELETE	_		-=			Change	Addition
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CITY-ST-ZIP	STREET ADDRESS					4.3 STRE	FET AI	nnress				
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6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 7.4 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	STREET ADDRESS CITY - ST - ZIP					6.3 STRE	ET AL					

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.

GNATURE:

SIGNATURE: