05-10-1999 90061 027 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation	MENT # S55264 INSTRUCTION, INC.				
Principal Place of Business 2300 CORPORATE BLVD #238 BOCA RATON FL 33431 US		Mailing Address C/O COLLIER ENTERPRISES 3003 TAMIAMI TRAIL NORTH NAPLES FL 33940		DO NOT WRITE IN T	
03		US		3. Date Incorporated or Qualifed 05/28/1991	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# 010	Suite, Apt. #, etc.		65-0272314	Not Applicable \$8.75 Additional
22 Suite, Apr.	#, etc.	Suite 400		5. Certifcate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
24	25	34103	o	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent	D4 N	10. Name and Address of New Registe	red Agent
BOTOS, MICHAEL E. 1900 PHILLIPS POINT DRIVE			81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptable)	
777 SOUTH FLAGLER DRIVE			83		
WEST PALM BEACH FL 33401-6198					
			84 City		Zip Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati Signature, typed or printed name of registered agent	ons of, Section 607.0505, Florid	nonzed by the corporat		ppointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TEMPLE, JOHN W.		1.2 NAME		
STREET ADDRESS	2300 NW CORPORATE #238		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	POST, MICHAEL T.		2.2 NAME		
STREET ADDRESS	2300 CORPORATE BLVD SUITE	238	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		Change Addition
NAME	FLOOD, THOMAS J.		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	WYDELETE.	3.4. CITY-ST-ZIP		Change Addition
TITLE	AT DEPORALL	XXDELETE •	4.1 TITLE		□ Change □ Addition
NAME	KURTYKA, DEBORAH L 3003 TAMIAMI TRL N		4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS	NAPLES FL		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TOTAL CLOTE	☐ 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

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 607, 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

MAMP OF SIGNING OFFICER OR DIRECTOR

944-261-4455 Daytime Phone #