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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

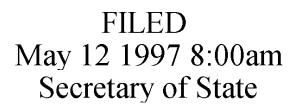
1997 DOCUMENT # \$55761

(8)

INSTITUTE FOR CERTIFIED INVESTMENT SPECIALISTS. INC.

Principal Place of Business

Mailing Address





408 ANDREW . GULF BREEZE US	IACKSON TRAIL FL 32561	BOX 1552 Gulf Breeze Fl 32562 US	GULF BREEZE FL 32562-1552				<del>.,</del>		
						3. Date Incorporated or Qualified			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 59-3111224	<u></u>	A	oplied For of Applicable
Suite Apt.	# etc	Suite, Apt. #, etc.	····	<del></del>		5. Certificate of Status Desired	58	\$8.75	Additional
City & State	n	City & State							equired
23		28				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Z(p)	Country Zip Co			untry		<ol> <li>This corporation has liability for intangible tax under s. 199.032,</li> <li>Florida Statutes ☐ Yes ☐ No</li> </ol>			
	9. Name and Address of Cu					10, Name and Address of New Re			
WELLS, BRUCE F				81	Name				
408 ANDREW JACKSON TRAIL GULF BREEZE FL 32561				82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
				83			***************************************	* ************************************	
				84	City		FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607	0502 and 607.1508, Florida Stat	utes, the a	pove-	named cor	rporation submits this statement for the p	urpose of	changing i	ts registered
office or r agent it a	egistered agent, or both, in the S in familiar with, and accept the o	itate of Horida. Such change was bligations of, Section 607,0505, I	s authorize Florida Sta	ed by t itutes.	ine corpora	ation's board of directors, I hereby accep	it the app	ointment as	registered
SIGNATURE		····-						····	······································
12.	Signature, typical or printed name of registers  OFFICERS	d agent and fits it applicable (AI AND DIRECTORS	OTE: Registere	d Agent	signature requ	ulred when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIRECTOR	28 IM 12
THE	P	DELETE	1.1 7	ITLE		ADDITIONS/OTANGES TO OTT 10	LING AIRO	Change	Addition
NAME	WELLS, BRUCE F	<del></del>	1.2 N	AME				_ •	
STREET ADORESS	408 ANDREW JACKSON T	rail	1.3 S	TREET A	IDDRESS				
OTY-ST ZIF	GULF BREEZE FL 32561		1.4 C	ATY-ST-	- ZIP				
DILE		DELETE	2.1 T	ITLE				Change	Addition
NAME			2.2 N	IAME					
SPEED ADORESS			2.3 S	TREET A	IDDRESS				
CITY-ST-ZIP			2.40	CITY-ST	- ZiP				
TIME		[_] DELETE	3.1 T					LI Change	Addition
NAME			3.2 N						
STREET ADORESS					DDRESS				
COTY-S1-Z#		DELETE		CITY - ST	- ZIP			Change	☐ Addition
TITLE NAME		ר"ו מניינונ	4.1 7	NAME				LT CHAILBS	T YOURIGH
STEEL LADORESS					DDRESS				
0014-51-20				UTY•ST•					
THILE		DELETE	5.1 7		211		····	Change	Addition
NAME			5.2 N						
STREET ADDRESS					DDRES\$				
City-St-7#				ITY-ST-					
THE		DELETE	6.1 T					Change	Addition
NAME			6.2 N	AME					
STREET ADORESS					address				
CHY-ST 7P				ITY-ST	·				
	w corlife that the information sup	nlied with this filing does not gus				ed in Section 119 07(3)(i). Florida Statutes	Literather	certify that	the

rear execute carries that the information supplied with this tring does not quality 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 Lam 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

904-932-0290