

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V40706** (6)

1. Corporation Name

**THE INTERNATIONAL INSTITUTE FOR CREATIVE LEARNIN
G, INC.**



Principal Place of Business

**14409 AUDUBON TRACE
#1108
TAMPA FL 33613
US**

Mailing Address

**P.O. BOX 82708
TAMPA FL 33682**

3. Date Incorporated or Qualified
06/02/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **14505 Audubon Trace**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Apt. 1008**

27

City & State

City & State

23 **Tampa FL**

28

Zip

Country

Zip

Country

24 **33613**

25

USA

29

30

4. FEI Number
59-3129739

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAVIDI-NAMIN, FARHAD
14409 AUDUBON TRACE
#1008
TAMPA FL 33613**

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, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DCMP**
JAVIDI-NAMIN, FARHAD
STREET ADDRESS **14409 AUDUBON TRACE #1108**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **DCM**
JAVIDI-NAMIN, FARHAD
STREET ADDRESS **15501 BRUCE D. DOWNS BLVD. #4020**
CITY-ST-ZIP **TAMPA FL 33647**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS

7.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-96

(813) 978-3034

CR2934 (12/95)