

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **404545** (6)

1. Corporation Name
T.I.C. I-95 CORP.



Principal Place of Business: **STE 105 1428 BRICKELL AVE MIAMI FL 33131-0494**
Mailing Address: **STE 105 1428 BRICKELL AVE MIAMI FL 33131-0494**

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified 07/07/1972	3a. Date of Last Report 03/16/1995
4. FEI Number 59-1410416	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HALPRYN, ERNEST M.
1428 BRICKELL AVE #105
MIAMI FL 33131**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0602 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0604, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, RUTH	2. NAME	
STREET ADDRESS	CLARIDGE HOUSE II #9CW	3. STREET ADDRESS	
CITY, ST, ZIP	VERONA NJ	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOEPFER, SALLY S.	6. NAME	
STREET ADDRESS	1428 BRICKELL AVE #105	7. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPRYN, ERNEST M	10. NAME	
STREET ADDRESS	1428 BRICKELL AVE #105	11. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, MILTON	14. NAME	
STREET ADDRESS	CLARIDGE HOUSE II #9CW	15. STREET ADDRESS	
CITY, ST, ZIP	VERONA NJ	16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPRYN, GLENN L.	18. NAME	
STREET ADDRESS	1428 BRICKELL AVE #105	19. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		26. NAME	
STREET ADDRESS		27. STREET ADDRESS	
CITY, ST, ZIP		28. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 contained in 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 arrow.

SIGNATURE: *Ernest M. Halpryn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ERNEST M. HALPRYN PRESIDENT

3/19/96 305-3714112

CR2E034 (12/95)