

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90168 015 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 404545

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (25-29) details including Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 07/07/1972  
 4. FEI Number: 59-1410416  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year intangible Personal Property Tax: Yes  No

9. Name and Address of Current Registered Agent: HALPRYN, ERNEST M., 1428 BRICKELL AVE #105, MIAMI FL 33131

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code (FL).

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | FOX, RUTH              |                                 |
| STREET ADDRESS | CLARIDGE HOUSE II #9CW |                                 |
| CITY-ST-ZIP    | VERONA NJ              |                                 |
| TITLE          | ST                     | <input type="checkbox"/> DELETE |
| NAME           | HURTADO, ELLISA        |                                 |
| STREET ADDRESS | 1428 BRICKELL AVE #105 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33131         |                                 |
| TITLE          | PD                     | <input type="checkbox"/> DELETE |
| NAME           | HALPRYN, ERNEST M      |                                 |
| STREET ADDRESS | 1428 BRICKELL AVE #105 |                                 |
| CITY-ST-ZIP    | MIAMI FL               |                                 |
| TITLE          | D                      | <input type="checkbox"/> DELETE |
| NAME           | FOX, MILTON            |                                 |
| STREET ADDRESS | CLARIDGE HOUSE II #9CW |                                 |
| CITY-ST-ZIP    | VERONA NJ              |                                 |
| TITLE          | VPST                   | <input type="checkbox"/> DELETE |
| NAME           | HALPRYN, GLENN L.      |                                 |
| STREET ADDRESS | 1428 BRICKELL AVE #105 |                                 |
| CITY-ST-ZIP    | MIAMI FL               |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | ASSISTANT Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 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.

SIGNATURE: *Ernest M Halpryn* ERNEST M HALPRYN APRIL 14, 1999 305 371-4112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)