

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Virginia B. Mathews  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 451182 (0)

1. Corporation Name:  
**T. I. C. UNIVERSITY CORPORATION**



Principal Place of Business: **BRICKELL EXECUTIVE TOWER 1428 BRICKELL AVE #105 MIAMI FL 33131**  
Mailing Address: **BRICKELL EXECUTIVE TOWER 1428 BRICKELL AVE #105 MIAMI FL 33131**

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

3. Date Incorporated or Qualified: **04/30/1974**  
3a. Date of Last Report: **03/16/1995**  
4. FID Number: **59-1679304**  
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:  
**HALPRYN, ERNEST M. 1428 BRICKELL AVE #500 MIAMI FL 33131**

10. Name and Address of New Registered Agent:  
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 607.0092 and 607.1504, 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 607.0094, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP HALPRYN, GLENN L. 1428 BRICKELL AVE #105 MIAMI FL	<input type="checkbox"/> DELETE	
TITLE	PD HALPRYN, ERNEST M. 1428 BRICKELL AVE #105 MIAMI FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D FOX, RUTH CLARIDGE HOUSE 11 #9CW VERONA NJ	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP SINCOFF, JULIAN J 99 NW 183RD ST. MIAMI FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D FOX, MILTON CLARIDGE HOUSE II #9CW VERONA NJ	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST KLOEPFER, SALLY S. 1428 BRICKELL AVE #105 MIAMI FL	<input type="checkbox"/> DELETE	<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 included on this annual report or supplemental annual report is true and correct 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 registered or listed employee of the corporation and that I have signed this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I understand and consent to the provisions.

SIGNATURE: *Ernest M. Halpryn*  
ERNEST M. HALPRYN  
PRESIDENT

3/19/96 305-371412

CR2E034 (12/95)