

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 836497 (8)
1. Corporation Name
INTERNATIONAL FIDELITY INSURANCE COMPANY



Principal Place of Business: **ONE NEWARK CENTER 20TH FLOOR NEWARK NJ 07102**
Mailing Address: **ONE NEWARK CENTER 20TH FLOOR NEWARK NJ 07102**

3. Date Incorporated or Qualified: **06/10/1976**
3a. Date of Last Report: **02/06/1995**
4. FEI Number: **22-1010450**
Applied For: 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. 199.03? Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Name, Title and Address of registered agent and the preparer) _____ (Title, Address and Agent signature required when not filer) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T WEISS, CHARLOTTE S.	12 NAME	
STREET ADDRESS	2575 PALIDASE AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	RIVERDALE NY	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD KONVITZ, NORMAN	22 NAME	
STREET ADDRESS	1218 W. PARK AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	WAYSIDE NJ	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD MITTERHOFF, FRANCIS L.	32 NAME	
STREET ADDRESS	BROOK HOLLOW LN.	33 STREET ADDRESS	
CITY-ST-ZIP	BERNARDVILLE NJ	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CD KONVITZ, PHILIP	42 NAME	
STREET ADDRESS	1060 OCEAN AVE	43 STREET ADDRESS	
CITY-ST-ZIP	ELBERON, NJ 08000	44 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPO COHEN, CHARLES	52 NAME	DIRECTOR
STREET ADDRESS	2943 QUINCY TURN	53 STREET ADDRESS	EILEEN SHEFFRIN
CITY-ST-ZIP	BENSALEM PA	54 CITY-ST-ZIP	27 CARRIAGE HILL LANE
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASD LEVINSON, GILDA	62 NAME	
STREET ADDRESS	21 MAYFIELD PLACE	63 STREET ADDRESS	
CITY-ST-ZIP	METUCHEN, NJ 08000	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied within 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 617, 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
FRANCIS L. MITTERHOFF, PRESIDENT

JUNE 24, 1996 (201) 624-7200

CR2E034 (3/96)