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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9200007671 (0)

INTERNATIONAL HOLDING CLEARANCE, INC.

|   |  |                     |   |           |  | <u>                                     </u>                           | (11 <b>61</b> 2)   <b>8 6</b> 1) |           | 111111   |             |
|---|--|---------------------|---|-----------|--|--|----------------------------------|-----------|----------|-------------|
| Principal Place of Business Mailing Address |  |                     |   |           |  | T HERES ON THE HATER WINDS OF BUILDING                                 | INCOMINA MODES                   |           | {888)    | F4#! 488)   |
| 118 SE 4TH S                                | 118 SE 4TH STREET  |                     |   |           |  |  |                                  |           |          |             |
| SUME 8-C                                    |  | SUITE B-C           |   |           |  |  |                                  |           |          |             |
| BOYNTON BE                                  | ACH FL 33435   | BOYNTON BEACH FL 33 | 3435-4906                                   |           |  |  |                                  |           |          |             |
| US  |  | US                  |   |           |  | 3. Date Incorporated or Qualified                                      |                                  | ite of La |          | porl        |
|   |  |                     |   |           |  | 11/23/1992   | <u> </u>                         | 01/199    |          |             |
|   | Place of Business  | 2a. Mailing Address |   |           |  | 1  |                                  |           | lied For |             |
| 21  |  | 26                  |   |           |  | 65-0374555   |                                  |           | Not      | Applicable  |
| Suite, Apt.                                 | #, etc.  | Suite, Apt. #, etc. | <u> </u>                                    |           |  | 5. Certificate of Status Desired                                       |                                  |           |          | dditional   |
| 2   |  | 27                  |   |           | Fee Required                                 |  |                                  |           |          |             |
| City & Stat                                 | ө  | City & State        |   |           | 6. Election Campaign Financing \$5.00 May Be |  |                                  |           |          |             |
| 3   |  | 28                  |   |           | Trust Fund Contribution Added to Fees        |  |                                  |           |          |             |
| _ Zip                                       | Country  | Zip Cou             |   |           |  | 8. This corporation has liability for intengible tax under s. 199.032, |                                  |           |          |             |
| 4   | 25   | 29 30               |   | ····      |  | Florida Statutes  Yes No   |                                  |           |          |             |
|   | g. Name and Address of Currer  | nt Registered Agent |   |           | ·  | 10. Name and Address of New R  | agistered :                      | Agent     |          |             |
| FR/   | ANKLIN, ELLIOTT  |                     |   | 81        | Name   |  |                                  |           |          |             |
|   | O LAKÉ AVENUE  |                     | -   | 82        | Street Add                                   | fress (P.O. Box Number is Not Accepta                                  | blol                             |           |          |             |
|   | TE C   |                     | DE SUEC                                     |           |  | langes (1.0, poy ranges is languacehignia)                             |                                  |           |          |             |
|   | (E WORTH FL 33460  |                     | 1   | 83        |  |  |                                  |           |          |             |
| ~ w   |  |                     |   |           |  |  |                                  |           |          |             |
|   |  |                     |   | 84        | City   |  | FL                               | 85        | Zip C    | ode         |
| SIGNATURE                                   | im familiar with, and accept the oblig<br>Signature, typed or printed name of registered age |                     |   |           |  | ared when reinstating)   | DATE                             |           |          |             |
| 12.   |  | D DIRECTORS         | 13.   |           |  | ADDITIONS/CHANGES TO OFFI  |                                  | DIREC     | TORS     | IN 12       |
| TITLE                                       | PD   | PD DELETE           |   | 1.1 TITLE |  | The Difference of the Control  | <u> </u>                         | Char      |          | Addition    |
| NAME  | LEIFER, ROBERT   |                     | 1.2 NA                                      | ME        |  |  |                                  |           | •        |             |
| STREET ADDRESS                              | 211 S. FEDERAL HWY   |                     |   |           | ADDRESS                                      |  |                                  |           |          |             |
| CITY-ST-ZIP                                 | <b>BOYNTON BEACH FL 33435</b>  |                     | 1.4 C(T                                     |           | ì  |  |                                  |           |          |             |
| TALE  | DEL  |                     | 2.1 707                                     | _         | ( · ZII                                      |  |                                  | Char      | nas      | Addition    |
| NAME  |  |                     | 2.2 NA                                      |           |  |  |                                  | 0         |          |             |
| STREET ADDRESS                              |  |                     | a di  |           | ADDRESS                                      |  |                                  |           |          |             |
|   |  |                     | 1   |           | ì  |  |                                  |           |          |             |
| CITY-ST-ZIP<br>TITLE                        |  | DELETE              | 2. 4 Cl <sup>-</sup><br>3.1 Tl <sup>-</sup> |           | 51 · ZIP                                     |  | **                               | Char      | nne      | Addition    |
|   |  | _ MEET              |   |           |  |  |                                  |           | ige      | Augilon     |
| NAME  |  |                     | 3.2 NA                                      |           | 4000100                                      |  |                                  |           |          |             |
| STREET ADDRESS                              |  |                     |   |           | AODRESS                                      |  |                                  |           |          |             |
| CITY-ST-ZIP                                 |  | DELETT              | 3 4. Ci                                     |           | SI-ZIP                                       |  |                                  | T 06-     | 000      | Addition    |
| TITLE                                       |  | ☐ DELETE            | 4.1 111                                     |           |  |  |                                  | ☐ Char    | ាបួង     | Addition    |
| NAME  |  |                     | 4. 2 NA                                     |           |  |  |                                  |           |          |             |
| STREET ADDRESS                              | (  |                     | 4.3 \$16                                    | REET      | ADDRESS                                      |  |                                  |           |          |             |
| CITY-ST-ZIP                                 |  | 1 1 25.55           | 4.4 C(1                                     |           | 1- ZIP                                       |  |                                  |           |          | 1 1 4 - 201 |
| TITLE                                       |  | ☐ DELETE            | 5.17(1                                      | LĒ        |  |  |                                  | Char      | nge      | ☐ Addilion  |
| NAME  | 1  |                     | 5.2 NA                                      | M£.       |  | •  |                                  |           |          |             |
| STREET ADDRESS                              |  |                     | 5.3 \$11                                    | REFT      | ADDRESS                                      |  |                                  |           |          |             |
| CITY-ST-ZIP                                 |  |                     | 5.4 CIT                                     | Y-S       | 1- ZIP                                       |  |                                  |           |          |             |
| TITLE                                       |  | ☐ DELETE            | 61 117                                      | ιI        |  |  |                                  | Char      | nge      | Addition    |
| NAME :                                      |  |                     | 6 2 NA                                      | ME        |  |  |                                  |           |          |             |
| STREET ADDRESS                              |  |                     | 6.3 516                                     | REET      | ADDRESS                                      |  |                                  |           |          |             |
| CITY-ST-7P                                  |  |                     | 1   |           | T. 7(P                                       |  |                                  |           |          |             |

I do hereby certify that the information supplied with this filling 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 employed 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 all achiment with a redefess.

**FILED** 

May 01 1997 8:00am

Secretary of State