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PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Jul 07 1999 8:00 am
Secretary of State

DOCUMENT # **P93000037248**

1. Corporation Name
INTERNATIONAL FOAM SOLUTIONS, INC.

Principal Place of Business	Mailing Address
1885 S.W. 4TH AVE. E-3 DELRAY BEACH FL 33444 US	1885 S.W. 4TH AVE. E-3 DELRAY BEACH FL 33444 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1993

4. FEI Number: 65-0412538 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business (21) | Suite, Apt. #, etc. (22) | City & State (23) | Zip (24) | Country (25)

2a. Mailing Address (26) | Suite, Apt. #, etc. (27) | City & State (28) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

SERLE, STEVEN P.A.
2101 CORPORATE BLVD. N.W.
SUITE 325
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: Harvey Katz
82 Street Address (P.O. Box Number is Not Acceptable): 1885 SW 4th Ave. #E3
83
84 City: Delray Beach, FL 85 Zip Code: 33444

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 March 7, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAUFMAN, ROBERT 1885 S.W. 4TH AVE. E-3 DELRAY BEACH FL 33444	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CEO & S/T &D Harvey Katz 50 East Road #7E Delray Beach, FL 33483	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KATZ, HARVEY 50 EAST ROAD #7E DELRAY BEACH FL 33483	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P & D Claudia Iovino 6364 Amberwoods Dr. Boca Raton, FL 33433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD IOVINO, CLAUDIA 6364 AMBERWOODS DR. BOCA RATON FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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: _____ Harvey Katz, CEO _____ 561-272-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #