FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **451182** **(0)**

1. Corporation Name:

T. I. C. UNIVERSITY CORPORATION

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

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

3. Date Incorporated or Qualified: **04/30/1974**

3a. Date of Last Report: **03/16/1995**

4. FEI Number: **59-1679304** ☐ 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. 199.032, 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 Numbers Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 607.325, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HALPRYN, GLENN L.		12 NAME	
STREET ADDRESS	1428 BRICKELL AVE #105		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	HALPRYN, ERNEST M.		22 NAME	
STREET ADDRESS	1428 BRICKELL AVE #105		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	FOX, RUTH		32 NAME	
STREET ADDRESS	CLARIDGE HOUSE 11 #9CW		33 STREET ADDRESS	
CITY-ST-ZIP	VERONA NJ		34 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	SINCOFF, JULIAN J		42 NAME	
STREET ADDRESS	99 NW 183RD ST.		43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	FOX, MILTON		52 NAME	
STREET ADDRESS	CLARIDGE HOUSE II #9CW		53 STREET ADDRESS	
CITY-ST-ZIP	VERONA NJ		54 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	KLOEPFER, SALLY S.		62 NAME	
STREET ADDRESS	1428 BRICKELL AVE #105		63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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, added or deleted.

SIGNATURE: _____ _____ 3/14/96 305-3714112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST M. HALPRYN PRESIDENT