FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DO NOT WRITE IN THIS SPACE

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

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

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HALPRYN, ERNEST M. 1428 BRICKELL AVE #500 MIAMI FL 33131	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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	VP/TREASURER	☒ Change ☐ Addition
NAME	HALPRYN, GLENN L.		1.2 NAME	HALPRYN, GLENN L	
STREET ADDRESS	1428 BRICKELL AVE #105		1.3 STREET ADDRESS	1428 BRICKELL AVE #105	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI FLORIDA 33131	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HALPRYN, ERNEST M.		2.2 NAME		
STREET ADDRESS	1428 BRICKELL AVE #105		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FOX, RUTH		3.2 NAME		
STREET ADDRESS	CLARIDGE HOUSE 11 #9CW		3.3 STREET ADDRESS		
CITY-ST-ZIP	VERONA NJ		3.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	4.1 TITLE	VP/ SECRETARY	☐ Change ☒ Addition
NAME	SINCOFF, JULIAN J		4.2 NAME	JUDITH A HOERNER	
STREET ADDRESS	99 NW 183RD ST.		4.3 STREET ADDRESS	1428 BRICKELL AVE #105	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI FLORIDA 33131	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FOX, MILTON		5.2 NAME		
STREET ADDRESS	CLARIDGE HOUSE II #9CW		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERONA NJ		5.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	6.1 TITLE	ELLISA HURTADO	☐ Change ☒ Addition
NAME	KLOEPFER, SALLY S.		6.2 NAME	1428 BRICKELL AVE #105	
STREET ADDRESS	1428 BRICKELL AVE #105		6.3 STREET ADDRESS	MIAMI FLORIDA 33131	(AS-TITLE) ASSISTANT SECRETARY
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ ERNEST M. HALPRYN 5/6/98