

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 # 404545 (6)
1. Corporation Name
T.I.C. 195 CORP.



Principal Place of Business
STE 105
1428 BRICKELL AVE
MIAMI FL 33131-0494

Mailing Address
STE 105
1428 BRICKELL AVE
MIAMI FL 33131-0494

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1972	
21		26		4. FEI Number 59-1410416	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country		
29	Zip	30	Country		

9. Name and Address of Current Registered Agent

HALPRYN, ERNEST M.
1428 BRICKELL AVE #105
MIAMI FL 33131

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	FOX, RUTH	1.2 NAME	
STREET ADDRESS	CLARIDGE HOUSE II #9CW	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERONA NJ	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	KLOEPFER, SALLY S.	2.2 NAME	ELLISA HURTADO
STREET ADDRESS	1428 BRICKELL AVE #105	2.3 STREET ADDRESS	1428 BRICKELL AVE #105
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FLORIDA 33131
TITLE	PD	3.1 TITLE	
NAME	HALPRYN, ERNEST M	3.2 NAME	
STREET ADDRESS	1428 BRICKELL AVE #105	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	FOX, MILTON	4.2 NAME	
STREET ADDRESS	CLARIDGE HOUSE II #9CW	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERONA NJ	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	VP - ST SECRETARY/TREASURER
NAME	HALPRYN, GLENN L.	5.2 NAME	HALPRYN, GLENN L
STREET ADDRESS	1428 BRICKELL AVE #105	5.3 STREET ADDRESS	1428 BRICKELL AVE #105
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FLORIDA
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

3/20/98 (305) 371-4112

CP2E034 (10/97)