FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

*FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:58

DOCUMENT # **404545** **(6)**

1. Corporation Name

T.I.C. I-95 CORP.

Principal Place of Business	Mailing Address
STE 105 1428 BRICKELL AVE MIAMI FL 33131-0494	STE 105 1429 BRICKELL AVE MIAMI FL 33131-0494

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/07/1972**
3a. Date of Last Report: **02/08/1994**

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 (24): Country (25): Zip (29): Country (30):

4. FEI Number: **59-1410416** ☐ 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 #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 **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 _____ DATE
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	D	1.1 TITLE		☐ Change ☐ Addition
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	07044	
TITLE	ST	2.1 TITLE		☐ Change ☐ Addition
NAME	KLOEPFER, SALLY S.	2.2 NAME		
STREET ADDRESS	1428 BRICKELL AVE #105	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	33131	
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
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	33131	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
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	07044	
TITLE	VP	5.1 TITLE		☐ Change ☐ Addition
NAME	HALPRYN, GLENN L.	5.2 NAME		
STREET ADDRESS	1428 BRICKELL AVE #105	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	33131	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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: _____ 3/6/95 (305) 371-4112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ERNEST M. HALPRYN

0120270 CP