FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

418161

(6)

DOCUM 1. Corporation I FISCH	MENT # 41816 Name IER HOLDING COMPANY,		(6)								
Principal Place of	of Business	Ma	ailing Address				{			ildi əldi. Dibil bi	
26 S. ATLANTIC AVENUE COCOA BEACH FL 32831			2 SOUTH ATLANIC AVENUE COCOA BEACH FL 32831								
US			US				3. Date Incorporated or Qualified 02/02/1973	3a . Da	te of Last 05/01/		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number		T	Applied For		
1			26				59-1441548			Not Applicable	
Suite, Apt. #	, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		,	5 Additional Required	
City & State			City & State				6. Election Campaign Financing	-			
23		28	· <u> </u>				Trust Fund Contribution			ed to Fees	
Zip	Country	29	Zip	30 Cou	Intry		8. This corporation has liability for Florida Statutes	intangible No	tax under	\$ 199,032,	
24	25 9. Name and Address of Currer		tered Agent	[30]	Γ		10. Name and Address of New F		Agent		
	•				61	Name		-			
KIRSCHENBAUM, JACK A.					82	Stroot Add	Address (P.O. Box Number is Not Acceptable)				
505 N. ORLANDO AVE. COCOA BEACH FL 32932						Street Abor	Tess (F.O. Box Harrison to Hot Alboopted				
					84	City			85	Zip Code	
						L.,	ration submits this statement for the pu	FI			
or registere familiar with SIGNATURE	nd agent, or both, in the State of Flori n, and accept the obligations of, Sect	da. Suci tion 607.	h change was authorize .0505, Florida Statutes.	d by the d	corp	oration's boa	ard of directors. Thereby accept the app	ointment a	is registere	id agent. I am	
	Signature, typed or printed name of registered agent OFFICERS AN			E: Registered	Ager	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF		ID DIBECT	ORS IN 12	
TITLE	PDV	D D (E.	DELETE 1.1						Change		
NAME	FISCHER, RUSSELL E			1.2 N	AME						
STHEET ADDRESS	2 SOUTH ATLANTIC AVE			1.3 S	TREET	ADDRESS					
CITY-ST-ZIP	COCOA BCH FL			1.4 C	ITY-S	ST-ZIP					
TITLE		☐ DEFELE	DELETE 2 1 TI					☐ Change	Addition		
NAME				22 N							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			DELETE	24C 31T		ST-ZIP			Change	e	
TITLE			E DECETE	3.2 N							
NAME STREET ADDRESS				- 1		T ADDRESS					
CITY-ST-ZIP				1		ST - ZIP					
TITLE			☐ DELETE	4, 1 T					Change	Addition	
NAME				4.2 N	AME	-					
STREET ADDRESS				4.3 S	TREET	T ADDRESS					
CITY - ST - ZIP				4.4 €	ITY-S	ST-21P			= .		
THLE			DELETE	5.17					Change	e 🔲 Addition	
NAME				5.2 N							
STREET ADDRESS						TADDRESS					
CITY-ST-ZIP			DELETE	54C		SI-ZIP			☐ Chang	e 🔲 Addition	
TITLE			T] precie	62 N					~a.,Ŋ.		
NAME STOCKT ADDRESS						T ADDRESS					
STREET ADORESS						ST-ZIP					
14. I do hereby	y certify that the information supplied	with this	s filing is voluntarily furn	ished and	doe	s not qualify	for the exemption stated in Section 119	.07(3)(k), F	lorida Sta	rutes. I further	
certify that oath; that I	the information indicated on this and	nual repo oration o	ort or supplemental anni or the receiver or trustee	uai report e empowe	ic tri	NA SEVEL SECOLUT	ate and that my signature shall have the nis report as required by Chapter 607, F	isama kar	al effect as	s ir mame unde	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96 407-783-2401