## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 437561

TITLE

TITLE

NAME

JILE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

1 NAME

'561 (4)

INTERNATIONAL PLANT CORPORATION

FILED Apr 16 1997 8:00am Secretary of State

Change

Change

Change

■ Addition

Addition

Addition

Principal Place of Business  6770 W. STATE RD. 46			Mailing Address 6770 W. STATE RD. 46					. 186161 &1988 forit 1888 Øltin Ellift (184 g	(A16 @1811 @)	P)1 0 0   1 0	i askii 1881	
P.O. BOX BAN BANFORD FL	ford, fl.		P.O. BOX SANFORD. FL SANFORD FL 32771-9260									
<b>(8</b>		US				3.	Date Incorporated or Qualified 10/06/1973	3a. Date of Last Report 04/18/1996				
2. Principal P	lace of Business	2a	2a. Mailing Address				4.	FEI Number			pplied For	
21		26				59-1488795			N	ot Applicable		
Sulte, Apt.	#, etc.	27	Suite, Apt. #, etc.			5.	Certificate of Status Desired			Additional lequired		
City & Stat	е	28	City & State				6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country 25	29	Zip	Count 30			8. This corporation has liability for intangible tax under s. 199.03  Florida Statutes Yes No				s. 199.032,	
9. Name and Address of Current Registered Agent			tered Agent	[30]	30]			10. Name and Address of New Registered Agent				
VAUGHAN, ROBERT A.					11	Name						
6770 W, STATE RD. 46					82 Street Address (P.O. Box Number is Not Acceptable)							
CANCODO DI 20771				]	or our registration (1.0. Box registration is recorded by							
STORM ON PLOSIFIE				8	3							
				8	4	City			FL	<b>85</b> Zip	Code	
11. Pursuant office or i agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the ob-	0502 and 6 ate of Flori- digations o	07.1508, Florida Statut da. Such change was a f, Section 607.0505, Flo	tes, the abo authorized I orida Statut	by es	named corp the corporati	oratio on's t	n submits this statement for the pu poard of directors. I hereby accept	rpose of the appo	changing intment as	its registered s registered	
SIGNATURE									- Duzé			
Signature, typed or printed name of registered agent and title if applicable. (NOTE  12. OFFICERS AND DIRECTORS					Registored Agent signature require 13.			reinstating) ADDITIONS/CHANGES TO OFFICE	DATE BS AND	DIRECTO	RS IN 12	
Will in	PD	THE BILLE	DELETE	1.1 TITLE	-					Change	Addition	
NAME	VAUGHAN, ROBERT A.		1.2 NAMI	1.2 NAME								
STREET ADDRESS	I militar antiqual antiqual action			1.3 STRE	1.3 STREET ADDRESS							
CITY-ST-ZIP	SANFORD FL		1.4 City-	1.4 CITY-ST-ZIP								
TITLE	<b>V</b> D	☐ DELETE		21 111LE	21 1MLE					Change	Addition	
NAME	VAUGHAN, JAMES J.		2.2 NAM8	2.2 NAME								
STREET ADDRESS				2.3 STRE	2.3 STREET ADDRESS							
CTY-ST-ZIP	WINTER PARK FL				2.4 CITY-ST-ZIP				т	7.05	4.4.66	
TILE			DELETE	31 TITLE					Ĺ	Change	Addition .	
NAME				3.2 NAM							ļ	
STREET ADDRESS				3.3 STREE								
CITY-ST-ZIP				3.4. CITY	'- <b>S</b> ĩ	1-Z#P						

4. I do hereby certify that the information symplicd 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 appreciate in Block 13 if chapter or an attachment with an address.

CONTURES PRATINGUEST LIFE BY ORIGINATION 1/4-9-97 4073300290

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY - ST - ZIP

4.4 CITY - \$1 - ZIP

DELETE

DELETE

DELETE