

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

DOCUMENT # 451182

(0)

1. Corporation Name

T. I. C. UNIVERSITY CORPORATION

95 MAR 16 AM 10:57

Principal Place of Business

BRICKELL EXECUTIVE TOWER
1428 BRICKELL AVE #105
MIAMI FL 33131

Mailing Address

BRICKELL EXECUTIVE TOWER
1428 BRICKELL AVE #105
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/30/1974

3a. Date of Last Report

02/08/1994

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

HALPRYN, ERNEST M.
1428 BRICKELL AVE #500
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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP
NAME	HALPRYN, GLENN L
STREET ADDRESS	1428 BRICKELL AVE #105
CITY-ST-ZIP	MIAMI FL
TITLE	PD
NAME	HALPRYN, ERNEST M.
STREET ADDRESS	1428 BRICKELL AVE #105
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	FOX, RUTH
STREET ADDRESS	CLARIDGE HOUSE 11 #9CW
CITY-ST-ZIP	VERONA NJ
TITLE	VP
NAME	SINCOFF, JULIAN J
STREET ADDRESS	99 NW 183RD ST.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	FOX, MILTON
STREET ADDRESS	CLARIDGE HOUSE II #9CW
CITY-ST-ZIP	VERONA NJ
TITLE	ST
NAME	KLOEPFER, SALLY S.
STREET ADDRESS	1428 BRICKELL AVE #105
CITY-ST-ZIP	MIAMI FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33131
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33131
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	07044
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33131
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	07044
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	33131

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ERNEST M. HALPRYN

3/6/95

(305) 371-4112