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PROFIT CORPORATION ANNUAL REPORT 1998

731 SHORE DR

KISSIMMEE FL 34744



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

INTERNATIONAL PROJECT CORPORATION

Principal Place of Business Mailing Address

731 SHORE DR KISSIMMEE FL 34744

FILED Jan 20 1998 8:00am Secretary of State



| NOONWILL IE STATE | | | I (IC | RICCINIMEE LE 34744 | | | | | DO NOT WRITE IN THIS SPACE | | | | |
|---------------------------------|---------------------------|---|---------------------------|--|-------------------------|-----------------|--|------------------------|--|--------------------------------|----------------------------|--------------------------|--|
| | | | | | | | | Γ | Date Incorporated or Qualifie | d | | , | |
| | | | | | | | | | 08/20/1980 | | | | |
| 2. Principal Plac | ce of Busir | ness | — | 2a. Mailing Address | | | | | 4. FEI Number | | | Applied For | |
| 21 | | | | 26 | | | | | <u>59-2119138</u> | | | Not Applicable | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | | Additional Required | |
| City & State | | | | City & State | | | | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| 23 | | | 28 | | | _ | | | Trust Fund Contribution | | | d to Fees | |
| Zip | | Country | Z | Žip | | untry | , | | 8. This corporation owes or has | | | _ ` | |
| 24 | | 25 | 29 | | 30 | | | | Personal Property Tax due Ju | | | ☐ No | |
| | 9. Name | and Address of Current | Registe | red Agent | | | | | 10. Name and Address of New | Registered | Agent | | |
| VAND | DENBERG | , renee n | | | | 81 | Name |) | | | | | |
| 731 8 | SHORE D | RIVE | | 82 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| KISSI | IMMEE FI | L 34744 | | <u> </u> | | | | | | | | | |
| | | | | | | 83 | | | | | | | |
| | | | | | | 84 | City | | | FL | 85 Zlp | Code | |
| 11. Pursuant to | the provisi | ons of Sections 607,0502 | and 607 | 7.1508, Florida Statu | tes, the a | pove | -named | d corpora | tion submits this statement for th | e purpose of | changing | its registered | |
| office or reg | istered ag familiai Wi | ent, or both, in the State in and accept the obliga | of Florida tions of, S | i. Such change was Section 607.0505, Fl | autnorize Iorida Sta | ea by atutes | / ine coi 3. | rporation | 's board of directors. I hereby ac | cept the app | ointment a | s registered | |
| SIGNATURE _ | | X da c | \bigcirc | | 2 | | | | | \ · | \neg \Box | コス | |
| Signation | nature, typed | or printed name of registered agen | t and title if t | applicable. (NO | E nouster | ed Age | nt signatur | re required v | hen reinstating) | DATE | | | |
| 12. | | OFFICERS AND | DIRECT | | 13. | | _ | 10 | ADDITIONS/CHANGES TO OF | FICERS AND | | | |
| TITLE | DPST | | | ☐ DELETE * | t.1 T | ITLE | *** | | | | Change | ☐ Addition | |
| NAME | | iberg, renee n | | | 1.2 N | IAME | | | | | | | |
| STREET ADDRESS | 731 SH | ORE DRIVE | | | 1,3 8 | TREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | KISSIMN | MEE FL 34744 | _ | | 1.40 | ITY-S | T-ZIP | | | | | | |
| TITLE | | | | ☐ DELETE | 2.1 T | ITLE | | | | | Change | Addition | |
| NAME | | | | | 2.2 N | IAME | | - | | | | | |
| STREET ADDRESS | | | | | 2.3 S | TREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | 2.4 | CITY-S | ST-ZIP | 1 | | - | | | |
| TITLE | | | | DELETE | 3.1 T | ITLE | | | | | Change | Addition | |
| NAME | | | | | 3.2 N | AME | | | | | | | |
| STREET ADDRESS | | | | | 3.3 S | TREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | 3.4. 1 | CITY-S | T-ZIP | 1 | | | | | |
| TITLE | | | | ☐ DELETE | 4.1 T | | | | | | Change | ☐ Addition | |
| NAME | | | | | 4.21 | NAME | | | | | | | |
| STREET ADDRESS | | | | | 4,3 S | TREET | ADDRESS | 1 | | | | | |
| CITY-SI-ZIP | | | | £ | | ITY-SI | | | | | | | |
| TITLE | | · | | ☐ DELETE | 5.1 T | | <u></u> | | | | Change | Addition | |
| NAME | | | | | 5.2 N | AME | | 1 | | | - | | |
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| CITY-ST-ZIP | | | | | | ITY-\$1 | | | | | | | |
| TITLE | | | | DELETE | 6,1 T | | | <u> </u> | | | Change | Addition | |
| NAME | | | | | 6.2 N | | | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | Ì | | | | | |
| | | | | | | | | | | | | | |
| CITY-SI-ZIP | tity that the | Information supplied wit | h this filin | na does not qualify f | or the ex | empt | ion stat | ted in Ser | ction 119.07(3)(i). Florida Statutes | . I further ce | rtify that the | e information | |
| indicated on officer or dire | this annu | al report or supplemental e corporation or the recei | annual rever or tru | eport is true and accustee empowered to | curate an execute | d the | at my sig eport a | gnature s s require | ction 119.07(3)(i), Florida Statutes hall have the same legal effect a d by Chapter 607, Florida Statute | s if made und s; and that n | der oath; th ny name at | nat I am an opears in | |