FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **827958** **(0)**

1. Corporation Name

T.I.C. DEVELOPMENT CORPORATION

Principal Place of Business

1428 BRICKELL AVE #105
MIAMI FL 33131

Mailing Address

1428 BRICKELL AVE #105
MIAMI FL 33131

3. Date Incorporated or Qualified: **05/11/1972**

3a. Date of Last Report: **03/16/1995**

4. FEI Number: **22-1961359** — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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, FLORIDA
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 607.0505 and 607.0506, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST [ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	KLOEPFER, SALLY S.	12 NAME	
STREET ADDRESS	1428 BRICKELL AVE #105	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY-ST-ZIP	
TITLE	D [ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	FOX, RUTH	22 NAME	
STREET ADDRESS	CLARIDGE HOUSE II #9CW	23 STREET ADDRESS	
CITY-ST-ZIP	VERONA NJ	24 CITY-ST-ZIP	
TITLE	PD [ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	HALPRYN, ERNEST M	32 NAME	
STREET ADDRESS	1428 BRICKELL AVE #105	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	34 CITY-ST-ZIP	
TITLE	D [ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	FOX, MILTON	42 NAME	
STREET ADDRESS	CLARIDGE HOUSE II #9CW	43 STREET ADDRESS	
CITY-ST-ZIP	VERONA NJ	44 CITY-ST-ZIP	
TITLE	VP [ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME	HALPRYN, GLENN L.	52 NAME	
STREET ADDRESS	1428 BRICKELL AVE #105	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	VP [ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME	HOERNER, JUDITH A.	62 NAME	
STREET ADDRESS	1428 BRICKELL AVE #105	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(k), 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: 3/19/96 305 371-4112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST M. HALPRYN PRESIDENT

CR2E034 (12/95)