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

APPROVED AND FILED
95 MAY -1 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F64630** **(9)**

1. Corporation Name
INTERNATIONAL ASSOCIATES DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
1465 S. FORT HARRISON AVE., SUITE 201 CLEARWATER FL 34616	1465 S. FORT HARRISON AVE., SUITE 201 CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/26/1982
3a. Date of Last Report: 07/19/1994

2. Principal Place of Business 21 1472 Jordan Hills Court	2a. Mailing Address 26 1472 Jordan Hills Court	4. FEI Number 59-2178205	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Clearwater, Florida	City & State 28 Clearwater, Florida	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 34616 / 25 Pinellas	Zip / Country 29 34616 / 30 Pinellas	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LENHARDT, PETER M 1465 S. FORT HARRISON AVE., SUITE 201 CLEARWATER FL 34616	81 Name: Lenhardt, Peter M. 82 Street Address (P.O. Box Number is Not Acceptable) 83 1472 Jordan Hills Court 84 City: Clearwater, FL 85 Zip Code: 34616

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: Peter M. Lenhardt 4/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	LENHARDT, PETER M.	1.2 NAME	LENHARDT, PETER M	
STREET ADDRESS	1465 S FT HARRISON AVE	1.3 STREET ADDRESS	1472 Jordan Hills Court	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 34616	
TITLE	VSD	2.1 TITLE	VSD	☒ Change ☐ Addition
NAME	LENHARDT, HELEN K.	2.2 NAME	LENHARDT, HELEN K	
STREET ADDRESS	1465 S FT HARRISON AVE	2.3 STREET ADDRESS	1472 Jordan Hills Court	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 34616	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter M. Lenhardt Peter M. Lenhardt 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0355890 CP