

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001645 (1)

1. Corporation Name

IPI SOUTH EAST, INC.

Principal Place of Business

12243 BRANFORD STREET
SUN VALLEY CA 91352

Mailing Address

12243 BRANFORD STREET
SUN VALLEY CA 91352

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt., #, etc.	26	Suite, Apt., #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25	Country	30	Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0612 and 607.1405, 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 610.061, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Secretary or Treasurer

DAY

12. OFFICERS AND DIRECTORS

TITLE	PASD	☐ DELETE
NAME	KAMINS, PHILIP E	
STREET ADDRESS	12243 BRANFORD STREET	
CITY, ST, ZIP	SUN VALLEY CA 91352	
TITLE	VSTD	☐ DELETE
NAME	JOHNSON, LORI M	
STREET ADDRESS	12243 BRANFORD STREET	
CITY, ST, ZIP	SUN VALLEY CA 91352	
TITLE	CFOD	☐ DELETE
NAME	CHEONG, T C	
STREET ADDRESS	12243 BRANFORD STREET	
CITY, ST, ZIP	SUN VALLEY CA 91352	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. NAME	☐ Change ☐ Addition
15. STREET ADDRESS	
16. CITY, ST, ZIP	☐ Change ☐ Addition
17. NAME	
18. STREET ADDRESS	
19. CITY, ST, ZIP	☐ Change ☐ Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	☐ Change ☐ Addition
23. NAME	
24. STREET ADDRESS	
25. CITY, ST, ZIP	☐ Change ☐ Addition
26. NAME	
27. STREET ADDRESS	
28. CITY, ST, ZIP	☐ Change ☐ Addition
29. NAME	
30. STREET ADDRESS	
31. CITY, ST, ZIP	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(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 or changed, or designated, in the above addresses.

SIGNATURE:

Lori M. Johnson

Lori M. Johnson

4/3/96

(818) 896-1101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)