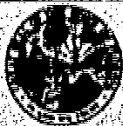


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1998.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F94000005332 (1)

1. Corporation Name

IVAN AGENCIES, INC.

Principal Place of Business

111 PAVONIA AVE.
JERSEY CITY NJ 07310

Mailing Address

111 PAVONIA AVE.
JERSEY CITY NJ 07310

FILED

95 JUL 10 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

13-3230495

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

6. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALTMAN, STUART H
100 SE 2ND ST., 17TH FLOOR
MIAMI FL 33131

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 fee if applicable

(NOTE: Registered Agent signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HOLTER-SORENSEN, ERIC
STREET ADDRESS 111 PAVONIA AVE.
CITY-ST-ZIP JERSEY CITY NJ 07310

1.1 TITLE Vice President ☐ Change ☒ Addition
1.2 NAME KIM HANSEN
1.3 STREET ADDRESS 3 Laurel Drive
1.4 CITY-ST-ZIP Long Valley, NJ 07853

TITLE SD
NAME MADDY, ELMER C
STREET ADDRESS 18 ROUND HILL RD.
CITY-ST-ZIP GREENWICH CT 06831

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME DAHL, JENS
STREET ADDRESS 21 LAURA LANE
CITY-ST-ZIP MORRISTOWN NJ 07960

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME PICCIONE, CATALDO
STREET ADDRESS 4 LILY CT.
CITY-ST-ZIP YORKTOWN HEIGHTS NY

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V
NAME HURLEY, GARY
STREET ADDRESS 31 SHIRA LANE
CITY-ST-ZIP MANALAPAN NJ

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V
NAME HAMMER, GORDON
STREET ADDRESS 150 OLD FARMERS RD.
CITY-ST-ZIP LONG VALLEY NJ

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or was an attachment with an address.

SIGNATURE:

Vice President

6/14/95

201-798-5656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #