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Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000005703 (3)

1. Corporation Name  
IVANS, INC.



Principal Place of Business  
777 WEST PUTNAM AVE.  
GREENWICH CT 06830

Mailing Address  
777 WEST PUTNAM AVE.  
GREENWICH CT 06830-5014

3. Date Incorporated or Qualified 11/03/1994	3a. Date of Last Report 02/07/1996
4. FEI Number 13-3142765	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent LUCYSHYN, PAT IVANS, INC. 5405 CYPRESS CENTER DR. TAMPA FL 33609-1024	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
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMICHAEL, DANIEL	1.2 NAME	
STREET ADDRESS	742 GLENDALE BLVD	1.3 STREET ADDRESS	300 E. 64 <sup>th</sup> ST
CITY- ST- ZIP	MANSFIELD OH	1.4 CITY- ST- ZIP	New York, NY 10021
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, RITA	2.2 NAME	
STREET ADDRESS	17 BENDER DR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	GREENWICH CT 06870	2.4 CITY- ST- ZIP	
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, ROBERT S	3.2 NAME	
STREET ADDRESS	3 BLACKMAN ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	RIDGEFIELD CT 06877	3.4 CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, ROBERT	4.2 NAME	D Farnam, Walter c/o G.A.
STREET ADDRESS	518 EAST BROAD ST.	4.3 STREET ADDRESS	436 Walnut St
CITY- ST- ZIP	COLUMBUS OH 43216	4.4 CITY- ST- ZIP	Philadelphia, PA 19106
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENTRINGER JAMES	5.2 NAME	
STREET ADDRESS	40 WANTAGE AVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	BRANCHVILLE NJ	5.4 CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CADENHEAD, WILLIAM	6.2 NAME	D Gowdy, Robert c/o C. U.
STREET ADDRESS	8701 BEDFORD EULESS ROAD	6.3 STREET ADDRESS	One Beacon St.
CITY- ST- ZIP	HURST TX 76095	6.4 CITY- ST- ZIP	Boston, MA 02108

14. I do hereby certify that the information supplied with this filing 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: \_\_\_\_\_ 1/8/97 203-5322121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Robert S Payne

CR2E034 (9/96)