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FILED  
Mar 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

13-3142765

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23

28

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUCYSHYN, PAT  
IVANS, INC.  
5405 CYPRESS CENTER DR.  
TAMPA FL 33609-1024

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 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 ☐ DELETE

NAME CARMICHAEL, DANIEL

STREET ADDRESS 800 E 84TH ST

CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME WATERS, RITA

STREET ADDRESS 17 BENDER DR.

CITY-ST-ZIP GREENWICH CT 06870

TITLE ☐ DELETE

NAME PAYNE, ROBERT S

STREET ADDRESS 3 BLACKMAN ROAD

CITY-ST-ZIP RIDGEFIELD CT 06877

TITLE ☐ DELETE

NAME FARNAM, WALTER

STREET ADDRESS 438 WALNUT ST

CITY-ST-ZIP PHILADELPHIA PA

TITLE ☐ DELETE

NAME ENTRINGER JAMES

STREET ADDRESS 40 WANTAGE AVE

CITY-ST-ZIP BRANCHVILLE NJ

TITLE ☐ DELETE

NAME GROWDY, ROBERT

STREET ADDRESS ONE BEACON ST

CITY-ST-ZIP BOSTON MA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

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14. I 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:

*[Signature]* ROBERT S PAYNE VP 1000 TOWN 203-5322121

CR2E034 (10/97)