FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State A DIVISION OF CORPORATIONS

DOCUMENT # K16465

(2)

IEF, INC.

Principal Piace of Business

PEMBROKE PINES FL 33027

127-01 S.W. 13 ST. F105

Mailing Address

127-01 S.W. 13 ST. F105 PEMBROKE PINES FL 33027-2161 FILED Feb 25 1997 8:00am Secretary of State



1278 SW 354,					3. Date Incorporated or Qualified 3a. Date of Last Report 02/22/1988 02/08/1996		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	1 0, 0,	Applied For
21		26 127-0154/	120	F105	NOT APPLICABLE	· · · ·	Not Applicable
Suite Apt	live by fing flow	Suite, Apt. #, etc. (27 Penhose (ine F	e	5. Certificate of Status Desired		75 Additional e Required
City & Stat	° 33027	City & State	Bu	mand	Election Campaign Financing Trust Fund Contribution	L	00 May Be ded to Fees
Zip	Country	Zip	Country	y	8. This corporation has liability for i	· I - · · · · · · · · · · · · · · · · ·	
24	25 Broward 29 30				Florida Statutes		
ļ — ·	9, Name and Address of Current				10. Name and Address of New Re	gistered Agent	
- FEL	DMAN, ISIDORE E.		81	Name			
107.01 CW 10 CT				80 Charles (D.O. Da Maria			
	F105				ress (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33027							
			84	City		FL 85	Zip Code
office or r	to the provisions of Sections 607 0502 registered agent, or both, in the State of am familiar with, and accept the obligati	l Florida. Such olfange was a	uthorized b	v the corporation	oration submits this statement for the p on's board of directors. I hereby accep	urpose of changing the appointment	ng its registered It as registered
	Position typical or provides a little spatered agent	· · · · · · · · · · · · · · · · · · ·	: Registered Ag	ent signature require	4414	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
100.1	PD	DELETE 1.1				☐ Char	nge 🔲 Addition
NAME	FELDMAN, ISIDORE E.		1.2 NAME				
STREET ADDRESS	127-01 S.W. 13 ST. F105		1.3 STREE	T ADDRESS			
GHY - \$1 - 76°	PEMBROKE PINES FL		1.4 CITY-!	ST-ZIP			
TITLE	VP	☐ DELETE	2 1 TITLE			☐ Char	nge 🔲 Addition
NAME	FELDMAN, EDITH		22 NAME				
STREET ADDRESS	127-01 S.W. 13 ST. F105		23 STREET	T ADDRESS			
City - S1 - ZIP	PEMBROKE PINES FL		2 4 CITY-	ST-ZIP			
THEE		☐ DELETE	3 1 TITLE			☐ Char	nge 🔲 Addition
NAME			3.2 NAME				}
STREET ADDRESS			3.3 STREE	T ADDRESS			į
077Y-\$1-77P	<u> </u>		34. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE			Char	nge 🔲 Addition
NAME			4 2 NAME				
SERREL ADDRESS			4 3 STREET	T ADDRESS			
CHY-ST-74			4.4 City - 5	ST-ZIP			
THUE		DELETE	51 TITLE	1		☐ Char	nge 🔲 Addition
NAME			52 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
Ú11 + ST~ZIP			5 4 CITY - S				i
TiTLE		DELETE	6.1 TITLE			☐ Char	nge Addition
NAME			6.2 NAME				
STEÆET ADORESS			6 3 STREET	LAUDBESS			
City St. Zif							
OTTO STATE	I		6.4 CITY - S	31-68			

4. 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 it made under path; 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 hat my name appears in Block 12 or Block 13 it changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sidone Follower 984-433-0829