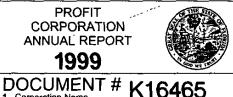
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90020 014 ***550.00

1. Corporation	on Name						
IEF, INC.				<		(\$1: \$1000 010); \$100 010); \$100 1100;	
	,			`			
Principal Pla	ce of Business	Mailing Address			—)	iett atan esan aisti esan atan atan tas	
12701 SW 13TH ST 127-01 SW 13TH ST							
F105 F105					DO NOT WIDITE IN THIS COACE		
PEMBROKE PINES FL 33027 PEMBROKE PINES FL 3 US US)27		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
00		00			02/22/1988	;	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21		26	26		NOT APPLICABLE	Not Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			<u> </u>	Fee Required	
City & State			;		6. Election Campaign Financing	-\$5.00 May Be Added to Fees	
Zip	Country	Zip	Zip Country		8. This corporation owes the current year		
24	25			,	Intangible Personal Property.	Yes No	
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registe	ered Agent	
CTI BIALLI IODARE E				Name			
FELDMAN, ISIDORE E.			82 Street A		ess (P.O. Box Number is Not Acceptable)		
 127-01 S.W. 13 ST. F105 			83				
PEMBROKE PINES FL 33027				:[
FEMIDRONE FINES I E 35021			84	City	FL 85 Zip Code		
44 D	44 . D				· · · · · · · · · · · · · · · · · · ·		
office or	registered agent, or both, in the S	State of Florida, Such change was	authorized by	the corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the a	appointment as registered	
Ĭ	am familiar with, and accept the o	obligations of, section 607.0505, F	lorida Statute	\$.		ļ	
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (N	NOTE: Registered	gent signature requ	uked when reinstating) DA	ITÉ	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12	
TITLE	- DECETE		1.1 TITLE			S AND DIRECTORS IN 12 Change Addition	
NAME	FELDMAN, ISIDORE E. ss 127-01 S.W. 13 ST. F105		1,2 NAME				
STREET ADDRESS	PEMBROKE PINES FL			FADDRESS		5	
CITY-ST-ZIP TITLE			1.4 CITY-S 2.1 TITLE	T-ZIP			
NAME	COLORA PROPERTY		2.2 NAME			Change Addition	
STREET ADDRESS	400 04 034 40 00 5400		•	ADDRESS			
CJTY-ST-ZIP	DELINDOVE DIVIENCE		2,4 CITY-S	1			
-TITLE			3.1 TITLE	=		Change Addition	
NAME			3.2 NAME		The state of the s		
STREET ADDRESS			3.3 STREET	ADDRESS	-		
CITY-ST-ZIP	 		3.4 CiTY-S	T-ZIP	<u> </u>		
TITLE	C Pett 12		4.1 TITLE	1		Change Addition	
NAME	NODESE		4.2 NAME				
STREET ADDRESS				ADDRESS		Ì	
CITY-ST-ZIP TITLE	 		4.4 CiTY-S	1-211		Change Addition	
NAME			5.2 NAME			Change L Addition	
STREET ADDRESS			5.3 STREET	ADDRESS		}	
CITY-ST-ZIP			5.4 CITY-S				
TITLE			6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS		6.3 STREET	ADORESS				
			_				

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: