

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 DEC 23 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K64108

1. Corporation Name

International Planning & Research
123 Lakeshore Dr #1945
No. Palm Beach, Fl. 33408

Principal Place of Business

Mailing Address

Same

3. Date Incorporated or Qualified

2-8-89

3a. Date of Last Report

1995

2. Principal Place of Business

21 123 Lakeshore Dr

2a. Mailing Address

26 123 Lakeshore Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1945

27 1945

City & State

City & State

23 N. Palm Beach, Fl.

28 N. Palm Beach Fl.

Zip

Country

Zip

Country

24 33408

25 P.B.C.

29 33408

30 PBC

9. Name and Address of Current Registered Agent

DANIEL CORBETT
14253 U.S. HIGHWAY ONE
JUNO BEACH, FL
33408

10. Name and Address of New Registered Agent

81 Name

J.C. ALLEN JAN ALLEN

82 Street Address (P.O. Box Number is Not Acceptable)

123 LAKESHORE DR #1945

83

#1945

N. Palm Bch Fl

33408

84 City

N. Palm Beach

FL

33408

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

J. Allen

JAN ALLEN

12-23-96

(Signature of person or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT

DELETE

NAME JEREMY C. ALLEN
STREET ADDRESS 123 LAKESHORE DR #1945
CITY, ST. ZIP N. PALM BEACH, FL 33408

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST. ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST. ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST. ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST. ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST. ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST. ZIP

TITLE TREASURER/SECRETARY

DELETE

NAME JAN ALLEN
STREET ADDRESS 123 LAKESHORE DR #1945
CITY, ST. ZIP N. PALM BEACH, FL 33408

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST. ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST. ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST. ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST. ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST. ZIP

NAME

STREET ADDRESS

CITY, ST. ZIP

TITLE

NAME

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CITY, ST. ZIP

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NAME

STREET ADDRESS

CITY, ST. ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST. ZIP

REINSTATEMENT

300002037963--9
-12/26/96--01005--018
***225.00 ***225.00

300002037963--9
-12/26/96--01005--019
***158.75 ***158.75

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 119 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:

J. C. ALLEN J. C. ALLEN

7/21/96 407 694 6901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (3/96)