FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 PM 10:27

DOCUMENT # **K83561** **(6)**

1. Corporation Name

I.P.P.S. INC.

Principal Place of Business	Mailing Address
17070 COLLINS AVENUE ~~SUITE 275~~ ~~NORTH MIAMI BEACH FL 33160~~ US	17070 COLLINS AVENUE ~~SUITE 275~~ ~~NORTH MIAMI BEACH FL 33160~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1989	3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0342625	☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 1899 NE 164 ST	26 1899 NE 164 ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: N. Miami Beach FL	28 City & State: NO. Miami Bch, FL
24 Zip: 33162 25 County: DADE	29 Zip: 33162 30 Country: DADE

9. Name and Address of Current Registered Agent

PENZELL, BEVERLY J
~~17070 COLLINS AVENUE~~
~~SUITE 275~~
~~NORTH MIAMI BEACH FL 33160~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1899 NE 164 ST
83:
84 City: NO. Miami Beach FL 85 Zip Code: 33162

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] DATE: 6/1/95

Signature of new registered agent, if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	SALTZMAN, IRIS	12 NAME	
STREET ADDRESS	~~17070 COLLINS AVE #275~~	13 STREET ADDRESS	1899 NE 164 ST
CITY ST ZIP	~~NO MIAMI BCH FL~~	14 CITY ST ZIP	NO. Miami Bch, FL 33162
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	PENZELL, BEVERLY	22 NAME	
STREET ADDRESS	17070 COLLINS AVENUE, #275	23 STREET ADDRESS	1899 NE 164 ST
CITY ST ZIP	NORTH MIAMI BEACH FL	24 CITY ST ZIP	NO. Miami Bch, FL 33162
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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] 6/1/95 949 (305) 8289

DIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0172300 CP