FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

3-25-96 B-2668-C

DOCUMENT # L80844 (8)

1. Corporation Name

I.H.S. INVESTMENTS, INC.

Principal Place of Business
C/O MICHAEL A. RECUPERO
P.O. BOX 13148
TALLAHASSEE FL 32317

Mailing Address
C/O MICHAEL A. RECUPERO
P.O. BOX 13148
TALLAHASSEE FL 32317

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **06/15/1990**
3a. Date of Last Report: **02/09/1995**
4. FEI Number: **59-3021518** — 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

RECUPERO, MICHAEL A.
1916 CHOWKEEBIN NENE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	RECUPERO, MICHAEL A.	
STREET ADDRESS	1916 CHOWKEEBIN NENE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	[ ] DELETE
NAME	RECUPERO, PAT	
STREET ADDRESS	2139 ORLEANS DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	[ ] DELETE
NAME	BRADSHAW, MARIA	
STREET ADDRESS	2415 NAPOLEON BONAPARTE DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	[X] DELETE
NAME	RECUPERO, ANTONETTA	
STREET ADDRESS	2139 ORLEANS DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S/T/D	[X] Change [ ] Addition
3.2 NAME	Bradshaw, Maria	
3.3 STREET ADDRESS	2415 Napoleon Bonaparte Dr.	
3.4 CITY-ST-ZIP	Tallahassee, FL	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: Maria Bradshaw Secretary/Treasurer 3/20/96 904-877-9083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Maria Bradshaw

CR2E034 (12/95)