FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L85754** **(4)**

1. Corporation Name

I & G ASSOCIATES, INC.

Principal Place of Business

21324 CHINABERRY DRIVE
BOCA RATON FL 33428
US

Mailing Address

23124 CHINABERRY DRIVE
BOCA RATON FL 33423
US

2. Principal Place of Business

21 2375 Rabbit Hollowe
Suite, Apt. #, etc.
22 Circle Delray Beach
City & State
23 FL 33445
Zip
24
Country
25 Palm Beach

2a. Mailing Address

26 2375 Rabbit Hollowe
Suite, Apt. #, etc.
27 Circle
City & State
28 Delray Beach, FL
Zip
29 33445
Country
30 Palm Beach

3. Date Incorporated or Qualified
06/15/1990

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0196617

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

9. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F.
129 SOUTH COMMERCE AVEUE
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name Michael L. Nikolas
82 Street Address (P.O. Box Number is Not Acceptable) 1300 N. Federal Hwy.
83 Ste. 110
84 City Boca Raton FL 85 Zip Code 33432

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent, as changed, are set forth above. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Michael L. Nikolas 4-5-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	FERNANDEZ, ISABEL	
STREET ADDRESS	1330 NW 13TH ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change	☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	☐ Change	☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	☐ Change	☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	☐ Change	☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	☐ Change	☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	☐ Change	☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added to the report, or is otherwise entitled to be listed.

SIGNATURE: Isabel Fernandez 3/13/96 (407) 499-4496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number