

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90007 020 ***150.00

DOCUMENT # M54785

1. Corporation Name

IGI INTERNATIONAL, INC.

Principal Place of Business

13899 BISCAYNE BLVD S205
NORTH MIAMI BCH FL 33181

Mailing Address

13899 BISCAYNE BLVD S205
NORTH MIAMI BCH FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1987

4. FEI Number

59-2845283

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 16375 N.E. 18th Ave.

Suite, Apt. #, etc.

22 Suite 204

City & State

23 N. Miami Beach, FL

Zip

24 33162

Country

25 U.S.A.

2a. Mailing Address

26 16375 N.E. 18th Ave.

Suite, Apt. #, etc.

27 Suite 204

City & State

28 N. Miami Beach, FL

Zip

29 33162

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

LAMONT & NEIMAN
ONE BISCAYNE TOWER, STE 3550
2 SOUTH BISCAYNE
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME THOMAS, JOSEPH M.
STREET ADDRESS 13899 BISCAYNE BLVD S205
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE CD ☐ DELETE

NAME THOMAS, DIANA N.
STREET ADDRESS 13899 BISCAYNE BLVD. S205
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE DVS ☒ DELETE

NAME BENTLEY-BAKER, KANDELL
STREET ADDRESS 13899 BISCAYNE BLVD. S205
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE D ☐ DELETE

NAME SOLOMON, CAROL
STREET ADDRESS 1750 CHARLES ST., (APT. 316)
CITY-ST-ZIP NEW ORLEANS LA

TITLE V ☒ DELETE

NAME ROYAL, CATHY L
STREET ADDRESS 13899 BISCAYNE BVLVD S205
CITY-ST-ZIP N MIAMI BEACH FL 33181

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 ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Joseph M. Thomas, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-956-2713

Daytime Phone #

0275568

CR2F034 (1/1/98)