

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$168 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # N94000004769 (5)**

1. Corporation Name

**INTERNATIONAL PARTNERSHIP FOR ANIMALS AND COMMER  
CE, INC.**

**FILED**

1995 AUG -2 AM 9:18

TALLAHASSEE, FLORIDA

Principal Place of Business: 621 AVENUE M S.W. WINTER HAVEN FL 33880  
Mailing Address: 621 AVENUE M S.W. WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/27/1994</b>	3a. Date of Last Report
4. FBI Number <b>59-3270598</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	30 Country

9. Name and Address of Current Registered Agent

**HILL, LLOYD W  
621 AVENUE M S.W.  
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>LUCAS, MARK M</b>
STREET ADDRESS	<b>3548 NW 114TH TERRACE</b>
CITY - ST - ZIP	<b>CORAL SPRINGS FL 33065</b>
TITLE	<b>D</b>
NAME	<b>HAMPER, DONALD</b>
STREET ADDRESS	<b>1215 FISHINGER ROAD</b>
CITY - ST - ZIP	<b>COLUMBUS OH 43221</b>
TITLE	<b>D</b>
NAME	<b>NELSON, THOMAS</b>
STREET ADDRESS	<b>22841 VAN DYKE AVENUE</b>
CITY - ST - ZIP	<b>WARREN MI 48089</b>
TITLE	<b>D</b>
NAME	<b>KAMMER, EDWARD</b>
STREET ADDRESS	<b>17011 BELLFLOWER</b>
CITY - ST - ZIP	<b>BELLFLOWER CA 90708</b>
TITLE	<b>D</b>
NAME	<b>HILL, LLOYD W</b>
STREET ADDRESS	<b>621 AVENUE M S.W.</b>
CITY - ST - ZIP	<b>WINTER HAVEN FL 33880</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(b), 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 if changed, or on an attachment with an address.

SIGNATURE: *Lloyd W. Hill* **7/27/95** **941 294235**  
Typed or printed name of signing officer or director

CR2E037 (3-95)