COF	FILE NOW: FILI	NG FEE IS \$61.25 FLORIDA DEPAR Katherin Secretary	TMENT OF STATE	FILED Mar 01, 1999 8:00 am Secretary of State		0084419
1999 Division of co				03-01-1999 90099 0-	40 ****61.25	
DOCU	MENT # N98000	005919	·····			
1. Corporation	<sup>n Name</sup> IG EXOTICS EDUCATION CI					
IDA, INC		Linter of Central F	LUN			
Principal Place of Business		Mailing Address				
17951 SE CO UMATILLA FL	utny RD 452 32784	17951 SE COUTNY RD 45. UMATILLA FL 32784	2			
2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed		]
21 Suite, Apt.	# oto	26 Suite, Apt. #, etc.		10/15/1998 4. FEI Number	Applied For	$\frac{1}{2}$
22	#, 810.	27		59-3546855	Not Applicable	1
City & Stat	θ	City & State		5. Certifcate of Status Desired	58:75 Additional Fee Required	-
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	1
24	9. Name and Address of Current		30	10. Name and Address of New Register	Added to Fees	ł
		<u> </u>	81 Name		······································	1
	V. GRAHAM		82 Street Add	dress (P.O. Box Number is Not Acceptable)		1
	k avenue south, 5th floor Park FL 32790		83		- <u>· - · · - · · - · · </u>	1
			84 City		85 Zip Code	$\frac{1}{2}$
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, Florida Statute	s the above-named Cor	moration submits this statement for the purpose	of changing its registered	-
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	if Florida. Such change was au	thorized by the corporat	tion's board of directors. I hereby accept the ap	pointment as registered	]
SIGNATURE			Registered Agent signature requi	ired when reinstating) DATE	<u> </u>	1-
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	(11/08)
TITLE			1.1 TTLE		Change Addition	
NAME STREET ADDRESS	FINSER, JUSTIN W 17951 SE COUTNY RD 452		1.2 NAME 1.3 STREET ADDRESS		•	2027
CITY-ST-ZIP	UMATILLA FL 32784		1.4 CITY-ST-ZIP			
TITLE	VSTD		2.1 TILE		Change Addition	
NAME STREET ADDRESS	FINSER, YVONNE R 17951 SE COUTNY RD 452		2.2 NAME 2.3 STREET ADDRESS			ſ
CITY-ST-ZIP	UMATILLA FL 32784		2.4 CITY-ST-ZIP			
TITLE	D		3.1 TILE		Change Addition	1
	NICHOLSON, DENISE 141 BILBAO ST		3.2 NAME			
STREET ADDRESS CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			ļ
TITLE			4.1 TITLE		Change Addition	1
NAME			4. 2 NAME			1
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY- ST-ZIP			
TITLE	<u> </u>		5.1 TITLE		Change Addition	1
NAME			5.2 NAME			1
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	<u> </u>		6.1 TITLE		Change Addition	1
NAME			6.2 NAME		_	1
STREET ADDRESS			6.3 STREET ADDRESS			1
14. 1 hereby c	certify that the information supplied with	this filing does not qualify for	6.4 CITY-ST-ZIP the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information	1
indicated officer or	on this annual report or supplemental director of the corporation or the receiv	annual report is true and accurate ver or trustee empowered to ex	ate and that my signatur ecute this report as requ	re shall have the same legal effect as if made us uired by Chapter 617, Florida Statutes; and that	nder oath: that I am an	
Block 12	or Block 13 if changed, or on an attach	ment with an address, with all	other like empowered.		1 352	,11
SIGNAT		KIURE SEQU	MREDYVON	une R. Finser 73	199 824-922	1

CR2E037 (11/98)