SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P38611** **(0)**

1. Corporation Name

IVY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
700 S. FEDERAL HIGHWAY. SUITE 300 BOCA RATON FL 33432	700 S. FEDERAL HIGHWAY. SUITE 300 BOCA RATON FL 33432

3. Date Incorporated or Qualified: **05/01/1992**
3a. Date of Last Report: **03/08/1995**

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

4. FEI Number: **04-2813653** ☐ 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

FERRIS, WILLIAM C.
700 S FEDERAL HIGHWAY
SUITE 300
BOCA RATON FL 33324

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	☐ DELETE
NAME	LANDRY, MICHAEL G.	
STREET ADDRESS	700 S FEDERAL HWY #300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	☐ DELETE
NAME	CARLSON, KEITH J.	
STREET ADDRESS	700 S FEDERAL HWY #300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STV	☐ DELETE
NAME	FERRIS, WILLIAM C.	
STREET ADDRESS	700 S. FEDERAL HWT, SUITE 300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	☐ DELETE
NAME	BROADFOOT, JAMES W.	
STREET ADDRESS	700 S FEDERAL HWY #300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	☐ DELETE
NAME	FERRIS, LESLIE	
STREET ADDRESS	700 S FEDERAL HWY, STE 300	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	☐ DELETE
NAME	HANDS, HAROLD P	
STREET ADDRESS	150 BLOOR STREET WEST, STE 400	
CITY-ST-ZIP	TORONTO ONTARIO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	☐ Change ☒ Addition
1.2 NAME	Trebbi, Barbara	
1.3 STREET ADDRESS	700 S. Federal Hwy. #300	
1.4 CITY-ST-ZIP	Boca Raton, FL 33432	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Hunter, James L.	
2.3 STREET ADDRESS	150 Bloor St. West. #400	
2.4 CITY-ST-ZIP	Toronto, Ontario CA	
3.1 TITLE	D	☐ Change ☑ Addition
3.2 NAME	Lovatt, Neil	
3.3 STREET ADDRESS	150 Bloor St. West #400	
3.4 CITY-ST-ZIP	Toronto, Ontario, CA	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V	☒ Change ☐ Addition
5.2 NAME	Ferris, Leslie	
5.3 STREET ADDRESS	700 S. Federal Hwy #300	
5.4 CITY-ST-ZIP	Boca Raton, FL 33432	
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)(k), 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: C. William Ferris 7/18/96 407-393-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)