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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300068746 (5)

	IG ENTERPRISES OF SC De of Businoss AVE	Mailing Address 22287 RUSHMORE PL BOCA RATON FL 33428-42 US	285		
US				 Date Incorporated or Qualified 09/27/1993 	3a. Date of Last Report 06/28/1996
	Place of Business	2a. Mailing Address		4. FEI Number 65-0435816	Applied For
ET 1251 NE 9TH AUDULE Suite, Apt. #, etc.			Suite, Apt. #, etc.		Not Applicable \$8.75 Additional
22		<u>├</u>	27		Fee Required
City & Sta		City & State		6. Election Campaign Financing	\$5.00 May Be
23 FOR7		100		Trust Fund Contribution	Added to Fees
Zip 24 3 33	Country	Zip	Country	8. This corporation has liability for	
24 -3 3 3	g, Name and Address of Ci		30	Florida Statutes 10. Name and Address of New Re	Yes No
222	EMING, KENNETH W 287 RUSHMORE PL CA RATON FL 33428		83	ddress (P.O. Box Number is Not Acceptab	
			84 City		FL 85 Zip Code
SIGNATURE	Signature, typed or printed hame of register OFFICERS	S AND DIRECTORS	Registered Agent signature re	equited when reinstailing) ADDITIONS/CHANGES TO OFFIC	
TITLE	D CHENNIO VENDETLINI	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	FLEMING, KENNETH W 22287 RSHMORE PL		1,2 NAME 1,3 STREET ADDRESS	JJJ87 RUSHMON	E PLACE
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY- ST - ZIP	93.307	
TITLE	D	☐ DELETE	21 HTLE		Change Addition
NAME	FLEMING, ELIZABETH S		2.2 NAME		
STREET ADDRESS	22287 RUSHMORE PL		2.3 STREET ADDRESS	1	* Y
TITLE	BOCA RATON FL	DELETE	2. 4 CITY-S1-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		—
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME Street address			4. 2 NAME		
STREET ADDRESS City-St-Zip			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME)		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T Server	5.4 CITY-ST-ZIP	A4	
TITLE NAME		DELETE	61 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
Soluce (Manue 95)	1		0.5 STREET ADDRESS		

14. Ido 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 trastoc 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 indiachprent with an address.

6.4 CITY - ST - ZIP