## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

**SIGNATURE:** 

DOCUMENT # P93000073408 (5)

	NECONIATION IN	041 50	0000
IК	INTERNATIONAL	PALES	GUHP.

Principal Place	of Business	Mailing Address	Mailing Address			'	(84)(901 HD HOIDD HILL 90H DOIL		i ana in	# <b>6</b> (#1 1811 (##)
STE #7		6601 NW 14TH ST. STE #7 PLANTATION FL 33313	STE #7							
US	rL 33313	US				10	e Incorporated or Qualified )/22/1993	Qualified 3a. Date of Last Report 04/11/1995		
2. Principal Pla	ice of Business	2a. Mailing Address	. Mailing Address				Number			Applied For
21		26					65-0445166		<del></del>	Not Applicable
Suite, Aprt. #		Suite, Apt. #, etc.					lificate of Status Desired		Fee	Additional Required
City & State	•	City & State					tion Campaign Financing st Fund Contribution			O May Be d to Fees
<b>Z</b> ip	Country	Zip	Cou	untry			corporation has liability for	intendible tax		
4	25	29 30					Florida Statutes  Yes  No			
	9. Name and Address of Curren					10. Nar	ne and Address of New	Registered A	gent	
				81	Name					
	INTICE HALL CORPORATION SY	/STEM, INC.		82	Street A	ddress (P.O. B	ox Number is Not Accepta	ble)		
1201 HA STE 105	169 91.			83						
TALLAHA	ASSEE FL 32301			84	City				<b>85</b> Zij	p Code
								<u>FL</u>	<u> </u>	
or registere familiar with	o the provisions of Sections 607.0502 ed agent, or both, in the Stale of Floric h, and accept the obligations of, Secti	da. Such change was authorize	ed by the o	corpor	ration's b	poration submi poard of directo	its this statement for the pors. I hereby accept the app	pose of that pointment as r	egistered	agent. I am
SIGNATURE	Signature, typed or printed name of recistered agent	and title if applicable (NOT	FE Registered	1 Agent s	signature rec	dured when reinslation		DATE		
12.	OFFICERS ANI		13.			ADD	ITIONS/CHANGES TO OF			<u></u>
TITLE	P	DELETE	1.11					L.	) Change	☐ Addition
NAME	LIFTON, HARVEY		1.2 N							
STREET ADDRESS	782 UNIV ST.			TRÉET A						
CITY-ST-ZIP TITLE	N. WOODMERE NY ST	DELETE	2.17	ITY-ST-	ZIP	· · · · · · · · · · · · · · · · · · ·		<u>-</u>	Change	Addition
NAME	LIFTON, RICHARD		2.2 N					L	, change	[_]
STREET ADDRESS	7 SHORE RD				DORESS					
City-St-7IP	HAMPTON BAYS NY			2.3 STREET ADORESS 2.4 CITY - ST - ZIP						
TITLE	VP.	DELETE	3.11			<del></del>	- <del>, , , , , , , , , , , , , , , , , , , </del>	Z.	enange	☐ Addition
NAME	LIPTON, CAROL	<del>-</del>	3.2 N	AME	1	LIFTON	2 CAROL			
STREET ADDRESS	333 W 56TH ST.		3.3. 9	STREET A	ADDRESS	360 m	), CAROL ). Sand St.			
CITY-ST-ZIP	NYC NY		3.4 C	OTY-ST	-ZIP		NY 10019			
TITLE	VP	☐ DELETE	4. 1 1	TITLE		1	1		) Change	
NAME	LIFTON, LISA		4.2 N	AME						
STREET ADDRESS	201 E 37TH ST.		4.3 S	TREET A	DDRESS					
CITY-ST-ZIP	NYC NY			HY-\$1	ZIP	<del></del>			-	<b>—</b> 4 Ove
TITLE	VP	☐ DELETE	5 1 1				T		<b>Change</b>	☐ Addition
NAME	LIFTON, JONATHAN		52 N			MINTON SOLL M	, Jonathan 10th St.			
STREET ADDRESS	101 W 90TH ST.				DDRESS					
CITY-ST-ZIP	NYC NY	DELETE	_	TITLE	-ZIP	ryc.	12015 hd		] Change	Addition
TIBLE			6 1 1 62 N				1	_	, onenge	_ Addition
NAME expect anabese					.DDRESS					
STREET ADDRESS					- 1					
14. Ldo hereb	y certify that the information supplied	with this filing is voluntarily furni	chod and	does	not out	lify for the exem	ption stated in Section 11	9.07(3)(k), Flor	ida Statu	tec. I further
certify that oath; that appears in	y be information indicated on this annu- the information indicated on this annu- I am an officer or director of the com- Block 12 or Block 13 if changed, but	ual report or supplemental annu- pration or the jeceiver or trusted on an attack ment with an yiddro	ual report empowe ess.	is true ered to	and acc execute	curate and that e this report as	my signature shall have the required by Chapter 60%.	e same legal e lorida Statute	flect as	rnade under it my name

IGNING OFFICER OR DIRECTOR