

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

1995



DEPARTMENT OF STATE  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS

DOCUMENT # P94000020323 (9)

95 MAY -1 PM 1:58

I. P. I., INC. OF CORAL SPRINGS

|                                                                              |  |                                                                     |  |
|------------------------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| 2. Principal office location                                                 |  | 2a. Mailing address                                                 |  |
| 3650 CORAL RIDGE DRIVE<br>BAY 103<br>CORAL SPRINGS FL 33065                  |  | 3650 CORAL RIDGE DRIVE<br>BAY 103<br>CORAL SPRINGS FL 33065         |  |
| 3. Date of incorporation                                                     |  | 3a. Date of last report                                             |  |
| 03/14/1994                                                                   |  |                                                                     |  |
| 4. Filing number                                                             |  | 4a. Filing number                                                   |  |
| 65-0489773                                                                   |  | Applied For<br>Not Applicable                                       |  |
| 5. Certificate of status required                                            |  | \$8.75 Additional<br>Fee Required                                   |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution                    |  | \$5.00 May Be<br>Added to Fees                                      |  |
| 8. Does corporation have liability for state tax under 1994 Florida Statutes |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORD, JOHN R  
3650 CORAL RIDGE DRIVE  
BAY 103  
CORAL SPRINGS FL 33065

|                                                        |    |
|--------------------------------------------------------|----|
| 81. Name                                               |    |
| 82. Street Address (P.O. Box Number or Not Applicable) |    |
| 83. City                                               |    |
| 84. State                                              | FL |
| 85. Zip                                                |    |

11. The undersigned, the principal officer, secretary, treasurer, and chief financial officer of the corporation, certify that the information furnished in this report is true and correct to the best of their knowledge and belief, and that the corporation is in compliance with the provisions of the Florida Statutes relating to the filing of this report.

Signature of Principal Officer, Secretary, Treasurer, and Chief Financial Officer

| 12. OFFICERS AND DIRECTORS                                                       | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS                   |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>PRESIDENT</b><br>JOHN R. ORD<br>10110 VESTAL COURT<br>CORAL SPRINGS, FL 33076 | 1. NAME<br>2. STREET ADDRESS<br>3. CITY<br>4. STATE<br>5. ZIP      |
|                                                                                  | 6. NAME<br>7. STREET ADDRESS<br>8. CITY<br>9. STATE<br>10. ZIP     |
|                                                                                  | 11. NAME<br>12. STREET ADDRESS<br>13. CITY<br>14. STATE<br>15. ZIP |
|                                                                                  | 16. NAME<br>17. STREET ADDRESS<br>18. CITY<br>19. STATE<br>20. ZIP |
|                                                                                  | 21. NAME<br>22. STREET ADDRESS<br>23. CITY<br>24. STATE<br>25. ZIP |
|                                                                                  | 26. NAME<br>27. STREET ADDRESS<br>28. CITY<br>29. STATE<br>30. ZIP |
|                                                                                  | 31. NAME<br>32. STREET ADDRESS<br>33. CITY<br>34. STATE<br>35. ZIP |
|                                                                                  | 36. NAME<br>37. STREET ADDRESS<br>38. CITY<br>39. STATE<br>40. ZIP |
|                                                                                  | 41. NAME<br>42. STREET ADDRESS<br>43. CITY<br>44. STATE<br>45. ZIP |
|                                                                                  | 46. NAME<br>47. STREET ADDRESS<br>48. CITY<br>49. STATE<br>50. ZIP |

14. The undersigned certify that this document is filed with this filing, voluntarily prepared and signed and equally for the corporation, stated to be true and correct to the best of their knowledge and belief, and that the corporation is in compliance with the provisions of the Florida Statutes relating to the filing of this report.

SIGNATURE:

*John R. Ord*  
SIGNATURE AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR

4/24/95

906-755-9174