

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 # P94000022179 (3)

1. Corporation Name

THE INTELLECTUAL PROPERTY GROUP, INCORPORATED

Principal Place of Business

Mailing Address

933 OLEANDER WAY
SUITE 3
ST. PETERSBURG FL 33707

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SUITE 3
ST. PETERSBURG FL 33707

FILED

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SECRETARY OF STATE



REINSTATEMENT 76-47

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
03/18/1994	05/01/1995
4. FEI Number	Applied For
59-3229062	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, 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	
LEROUGE, CYNTHIA M 1375 PINELLAS BAYWAY UNIT 36 TIERRA VERDE FL 33715		81 Name WENDI ANN FOWLER 82 Street Address (P.O. Box Number is Not Acceptable) 7150 BLIND PASS ROAD 83 84 City ST PETE BEACH FL 85 Zip Code 33706	

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 *Wendi A. Fowler* WENDI ANN FOWLER (ST) 8/21/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	SHCULTZ, JAMES	1.2 NAME	SHCULTZ, JAMES
STREET ADDRESS	6925 DUNNETT AVENUE N	1.3 STREET ADDRESS	6925 Dunnett Avenue N.
CITY-ST-ZIP	ST PETE FL	1.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	ST	2.1 TITLE	
NAME	LEROUGE, CYNTHIA	2.2 NAME	
STREET ADDRESS	1375 PINELLAS BAYWAY #36	2.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	ST
NAME		3.2 NAME	WENDI FOWLER
STREET ADDRESS		3.3 STREET ADDRESS	7150 BLIND PASS ROAD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ST. PETE BEACH FL 33706
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/97 (813) 345-9133

CR2E034 (3/96)