SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1,996: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) χρρκογευ **PROFIT** FLORIDA DEPARTMENT OF STATE AND CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 96 AUG 29 PM 12: 01 **1996** DIVISION OF CORPORATIONS DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA P94000025399 (4) IGF INCORPORATED Principal Place of Business Mailing Address 27280 LAKEWAY COURT NORDENDSTRASSE 20 **BONITA SPRINGS FL 33923** BERLIN, GERMANY 3. Date Incorporated or Qualified 3a. Date of Last Report 03/30/1994 11/30/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For APPLIED FOR 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s 199 032 24 25 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32301-2525 83 City 84 Zip Code 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or prints a name of registered agent and thir if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) TITLE PTD DELETE 1 TIFLE Change Addition NAME KALEYTA, DOMENICO F 1.2 NAME CR2E034 27280 LAKEWAY COURT STREET ADORESS 1.3 STREET ADDRESS **BONITA SPRINGS FL 33923** CITY-ST-ZIP 14 CITY - ST ZIP TITLE DELETE 21 TITLE 100001 1 4 4 10 1 3 4 10 10 KALEYTA, HANS NAME 2.2 NAME -09/06/96--01013--004 27280 LAKEWAY COURT STREET ADDRESS 2.3 STREET ADDRESS ****225.00 ****225.00 **BONITA SPRINGS FL 33923** CITY-ST-ZIP 2 4 CITY - ST 2IP TITLE DELETE 3 1 TITLE Change Addit.on NAME 3.2 NAM5 STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 3.4 CITY-ST ZIP TILLE DELETE 4111111 ___ Change ___ Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4 4 CHTY - ST - ZIP TITLE DELETE 5.1 Tifte Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ACCORESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 1 6.4 CHY-ST-ZIP 14. Ido hereby certify that the information supplied with this fiting 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and

SIGNING OFFICER OR DIRECTOR

that my name appears in Block 12 or Bloc

SIGNATURE AND TYPED OF

SIGNATURE: