FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 AM 11:58

DOCUMENT # P94000038188 (6)

1. Corporation Name
INTL. PROPERTY LIST, INC.

Principal Place of Business	Mailing Address
~~115 SOUTHEAST 3 AVENUE~~ ~~SUITE 110~~ ~~MIAMI FL 33130~~	~~115 SOUTHEAST 3 AVENUE~~ ~~SUITE 110~~ P.O. Box 816 ~~MIAMI FL 33130~~ Fort Myers, FL. 33902

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/20/1994
3a. Date of Last Report: initial

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: P.O. Box 816	Suite, Apt. #, etc. 27: P.O. Box 816
City & State 23: Fort Myers FL	City & State 28: Fort Myers FL
Zip 24: 33902 Country 25: USA	Zip 29: 33962 Country 30: USA

4. FEI Number: 65-0491640 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED~~ ~~343 ALMERIA AVENUE~~ ~~CORAL GABLES FL 33134~~	81 Name: Jerald L. Ritter 82 Street Address (P.O. Box Number is Not Acceptable): 200 SE 15 Rd # 111 83 84 City: Miami FL 85 Zip Code: 33129

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: Jerald L. Ritter Jerald L. Ritter 5/19/95
(Signature, Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE	PST	☒ Change ☐ Addition
NAME	RITTER, JERALD L	12 NAME	Jerald L. Ritter	
STREET ADDRESS	~~115 SOUTHEAST 3 AVENUE~~	13 STREET ADDRESS	200 SE 15 Rd # 111	
CITY ST ZIP	~~MIAMI FL 33131~~	14 CITY ST ZIP	Miami FL. 33129	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 trustee 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 an attachment with an address.

SIGNATURE: Jerald L. Ritter Jerald L. Ritter 5/19/95 (941) 338-7139
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0120413 CP