FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



HIORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P94000070375 (8)

THE INT'L GROUP PLUS, INC.

FILED Feb 11 1998 8:00am Secretary of State



<u> </u>						
Principal Place of Business Mailing Address					1146 11(11 4445) \$411 (84)	
2002 DELCREST DRIVE 2002 DELCREST DRIVE						
ORLANDO FL 32817-2640 ORLANDO FL 32817-2640			∠04U		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					09/26/1994	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					59-3263967	Not Applicable
Suite, Apt	#, elc.	Suite, Apt. #, etc.	· 7		5. Certificate of Status Desired	8.75 Additional
City & State		City & State				Fee Required
23		I − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 −			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	This corporation owes or has paid the current	
24	25	29	30	,	Personal Property Tax due June 30.	
	9. Name and Address of Curr		1001		10. Name and Address of New Registered Age	
SC	DARES, LEIBNITZ		8	1 Name		
	02 DELCREST DRIVE		8	82 Street Address (P.O. Box Number is Not Acceptable)		
	RLANDO FL 32817-2640				ores (1.6. Box Hamber 15 Hot Modephable)	
			8	3		
1			8	City		35 Zip Code
				-	₽Li	
11. Pursuant to the provisions of Sections 607 (Ed2 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or hoth, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typoid or protect name of registered agreet and life if applicable (NOTE Registered Agent signature re					uired when reinstating) DATE	
12.		NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	PSTD	☐ DELETE	1.1 TITLE		L	Change
NAME	SOARES, LEIBNITZ		1.2 NAME			
STREET ADDRESS	2802 DELCREST DRIVE		1.3 STREE	1 ADDRESS		ļ
CITY-ST-ZIP	ORLANDO FL 32817-2640	DELETE	1.4 CITY -	ST-ZIP		O
TITLE		☐ DELETE	2 1 TITLE			Change
NAME			2.2 NAME	i		[
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE			2.4 CITY 3.1 TITLE	-SI-ZIP		Change Addition
NAME		L. Deten	3 1 111LE		_	Change notifier
STREET ADDRESS				T ADDRESS		
CITY-S1-ZIP			3.4. C(TY	1		1
TITLE			41 TITLE	J. 1.		Change
NAME			4. 2 NAM			· -
STREET ADDRESS			4	T ADDRESS		
CITY-ST-ZIP			4.4 CITY	1		
THILE		DELF 1E	5.1 TITLE			Change
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREE	T ADDRESS		ļ
CITY-ST-ZIP			5.4 CiTY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE			Change
NAME			6.2 NAME			İ
STREET ADDRESS			6 3 STREE	T ADORESS		
CITY-ST-ZIP			6 4 CITY-	ST-ZIP		

up is not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an deprivation of the same legal effect as if made under oath; that I am an deprivation of the same legal effect as if made under oath; that I am an appears in the process. indicated on this annual report of supplicemental around report of supplicemental supp

SIGNATURE:

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