

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1. Corporation Name:
IPC GROUP INC.

Principal Place of Business
P.O. BOX 439
ISLAND PARK NY 11558

PO BOX 170565
WEST PALM BEACH FL 33417
US

2. Principal Place of Business

21 Suite, Apt #, etc.

22 _____
City & State

23	Zip	Country
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24 25 29
9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

2a. Meeting Address:

26 Suite Apt. # etc.

City & State:

28	Country
----	---------

B1 Name _____

82	Street Address (P.O. Box Number is Not Acceptable)
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83

84 City

85	Zip Code
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SIGNATURE

[illegible]

Figure 1. The effect of the concentration of the H_2O_2 solution on the amount of the released H_2O from the H_2O_2 -loaded hydrogel. The amount of the released H_2O was measured by the weight difference of the hydrogel before and after the release. The concentration of the H_2O_2 solution was 0.1, 0.2, 0.3, 0.4, 0.5, 0.6, 0.7, 0.8, 0.9, and 1.0 wt. %.

[15]

12 OFFICES AND DIRECTORS

NAME	WEINBERG, RICHARD
STREET ADDRESS	42 DONNA LANE LIDO BEACH NY 11561

1991

116f

NAME
STREET ADDRESS

CIV - 51 - Z.P

TILE

NAME

STREET ADDRESS
C1 - C1 30

TIME	TEMPERATURE
10:00	25.0
10:15	25.0
10:30	25.0
10:45	25.0
11:00	25.0
11:15	25.0
11:30	25.0
11:45	25.0
12:00	25.0
12:15	25.0
12:30	25.0
12:45	25.0
13:00	25.0
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15:30	25.0
15:45	25.0
16:00	25.0
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16:30	25.0
16:45	25.0
17:00	25.0
17:15	25.0
17:30	25.0
17:45	25.0
18:00	25.0
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19:00	25.0
19:15	25.0
19:30	25.0
19:45	25.0
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22:00	25.0
22:15	25.0
22:30	25.0
22:45	25.0
23:00	25.0
23:15	25.0
23:30	25.0
23:45	25.0
24:00	25.0

NAME
STREET ADDRESS

CITY - ST - ZIP
TITLE

[illegible]

CITY - ST - ZIP
TITLE

NAME _____
CITY/STATE _____14. 1 de 1998

I hereby certify that the information and data furnished in this report or submission and annual reports are 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 relative or trustee empowered to execute this report as required by Chapter 66F, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Weinberg/President

2/19/96

407-694-2100

100

[illegible]

CR2E034 (12/95)