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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

9/449/0360

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000027193 (8)

IPI INTERNATIONAL, INC.

SIGNATURE:

Mailing Address Principal Place of Business 3100 NE 48TH STREET 3100 NE 48TH STREET SUITE 303 SUITE 303 FT. LAUDERDALE FL 33488 FT. LAUDERDALE FL 33308-4947 3. Date Incorporated or Qualified 3a. Date of Last Report 04/03/1995 08/08/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For APPLIED FOR 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zψ Country Ζıp Country This corporation has liability for intangible tax under s. 199.032, 30 Yes No 25 29 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KNOX, ROBERT T 721 HUCKLEBERRY LANE 82 Street Address (P.O. Box Number is Not Acceptable) NORTH PALM BEACH FL 33468 83 Zip Code City 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) Addition Ď DELETE Change THUE 1.1 TITLE CHERNOFF, TOM NAME 1.2 NAME 3100 NE 48TH STREET #303 1.3 STREET ADORESS STREET ADDRESS FT. LAUDERDALE FL 33468 CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TOTALE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CHY-\$1-20P 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change THE 3.2 NAME NAME: STREET ADDRESS 3.3 STREET ADDRESS 3.4. CiTY-ST-ZIP DITY-ST-7(P DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS CHY-ST-7P 4.4 CITY-ST-ZIP DELETE Change Addition THILE 51 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CHY-ST-ZIP 5.4 CHY-ST-ZIP DELETE Change ☐ Addition TIFLE 61 TITLE 62 NAME MAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - 2IP CITY-ST-ZIE 14. I do hereby certify that the information supplied with his filing does not qualify does not a stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this alimual report or supplied that annual report is true and accordate 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 all effactment with an address.

UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR