

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000056593 (3)

1. Corporation Name

I.I.Y.C., INC.

Principal Place of Business

2101 S OCEAN DRIVE BLDG 4 APT 805
HOLLYWOOD FL 33019

Mailing Address

2101 S OCEAN DRIVE BLDG 4 APT 805
HOLLYWOOD FL 33019



2. Principal Place of Business

21 12592 PINES BLD

Suite, Apt. #, etc.

22 102

City & State

23 PEMBROKE PINES

Zip 24 33027 Country USA

25 BROWARD

26 Mailing Address

26 1603 SW 149TH AVE

Suite, Apt. #, etc.

27

City & State

28 PEMBROKE PINES

Zip 29 33027 Country USA

30 BROWARD

3. Date Incorporated or Qualified
07/21/1995

3a. Date of Last Report

65-0594483

Applied For
Not Applicable

4. FEI Number
65-0594483

Additional
Fee Required

5. Certificate of Status Desired
□ \$8.75 Additional
Fee Required

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes
□ Yes □ No

8. Name and Address of New Registered Agent

SHURPIN, NOEL
2101 S OCEAN DRIVE BLDG 4 APT 805
HOLLYWOOD FL 33019

81 Name NOEL SHURPIN

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

1603 SW 149TH AVE

83

84 City PEMBROKE PINES, FL 85 Zip Code 33027

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

RES

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHURPIN, NOEL		1.2 NAME	SHURPIN, NOEL	
STREET ADDRESS	2101 S OCEAN DRIVE BLDG 4 APT 805		1.3 STREET ADDRESS	1603 SW 149 TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33019		1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERDOMO, BENNY		2.2 NAME	PERDOMO, BENNY	
STREET ADDRESS	1624 LOUIS KOSSUTH AVE		2.3 STREET ADDRESS	1221 NW 76 TH AVE	
CITY-ST-ZIP	BOHEMIA NY 11716		2.4 CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERDOMO, STEPHANIE		3.2 NAME	PERDOMO, STEPHANIE	
STREET ADDRESS	1624 LOUIS KOSSUTH AVE		3.3 STREET ADDRESS	1221 NW 76 TH AVE	
CITY-ST-ZIP	BOHEMIA NY 11716		3.4 CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

954
305 433-5335

Date

Daytime Phone #

CR2E034 (12/95)