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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

3. Date Incorporated or Qualified
07/21/1995

3a. Date of Last Report

2. Principal Place of Business

21 12592 PINES BLVD

2a. Mailing Address

26 1603 SW 149TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 102

27

City & State

City & State

23 PEMBROKE PINES

28 PEMBROKE PINES

Zip

Zip

24 33027

29 33027

Country USA

Country USA

25 BROWARD

30 BROWARD

9. Name and Address of Current Registered Agent

SHURPIN, NOEL

2101 S OCEAN DRIVE BLDG 4 APT 805
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

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

[Signature]
Signature, typed or printed name of registered agent, and, if applicable, (NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

4/30/96
Date

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME SHURPIN, NOEL
STREET ADDRESS 2101 S OCEAN DRIVE BLDG 4 APT 805
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE VD
NAME PERDOMO, BENNY
STREET ADDRESS 1624 LOUIS KOSSUTH AVE
CITY-ST-ZIP BOHEMIA NY 11716

TITLE SD
NAME PERDOMO, STEPHANIE
STREET ADDRESS 1624 LOUIS KOSSUTH AVE
CITY-ST-ZIP BOHEMIA NY 11716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME SHURPIN, NOEL
1.3 STREET ADDRESS 1603 SW 149TH AVE
1.4 CITY-ST-ZIP PEMBROKE PINES FL 33027

2.1 TITLE VD
2.2 NAME PERDOMO, BENNY
2.3 STREET ADDRESS 1221 NW 76TH AVE
2.4 CITY-ST-ZIP PLANTATION FL 33322

3.1 TITLE SD
3.2 NAME PERDOMO, STEPHANIE
3.3 STREET ADDRESS 1221 NW 76TH AVE
3.4 CITY-ST-ZIP PLANTATION FL 33322

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
Date

954
305 483-5335
Daytime Phone #

CR2E034 (12/95)