

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

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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000056593 (3)

1. Corporation Name
I.I.Y.C., INC.

Principal Place of Business
12582 PINES BLVD.
102
PEMBROKE PINE FL 33027
US

Mailing Address
1803 SW 149TH AVE.
PEMBROKE PINES FL 33027-2320
US



3. Date Incorporated or Qualified 07/21/1995
3a. Date of Last Report 05/01/1996

4. FEI Number 65-0594483
Applied For ☐ Not Applicable ☐

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SHUPPIN, NOEL
1803 SW 149TH AVE.
PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SHUPPIN, NOEL	
STREET ADDRESS	1803 SW 149TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PERDOMO, BENNY	
STREET ADDRESS	1221 NW 78TH AVE.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PERDOMO, STEPHANIE	
STREET ADDRESS	1221 NW 78TH AVE.	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NOEL SHUPPIN	
1.3 STREET ADDRESS	1803 S.W. 149TH AVE	
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NOEL SHUPPIN	
2.3 STREET ADDRESS	1803 SW 149TH AVE	
2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NOEL SHUPPIN	
3.3 STREET ADDRESS	1803 SW 149TH AVE	
3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
4.1 TITLE	C/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NOEL SHUPPIN	
4.3 STREET ADDRESS	1803 SW 149TH AVE	
4.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Noel Shuppin NOEL SHUPPIN 1-7-97 954-441-1220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)