FILE NOW: FILING FEE AFTER MAY 1 IS $5.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000085202 (6)

1. Corporation Name

IPC CONSOLIDATED GROUP, INC.

Principal Place of Business

6318 MARINA DRIVE
ORLANDO FL 32819

Mailing Address

6318 MARINA DRIVE
ORLANDO FL 32819

3. Date Incorporated or Qualified: 11/02/1995

3a. Date of Last Report

4. FEI Number: 59 3343151 — [ ] 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 9326 BAY VISTA BLVD

Suite, Apt #, etc.

22

City & State

23 ORLANDO, FL.

Zip

24 32836

County

25 USA

2a. Mailing Address

26 P.O. BOX 69175

Suite, Apt #, etc.

27

City & State

28 ORLANDO, FL.

Zip

29 32869

Country

30 USA

9. Name and Address of Current Registered Agent

POCIASK, CASSANDRA
6318 MARINA DRIVE
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: CASSANDRA POCIASK

82 Street Address (P.O. Box Number is Not Acceptable): 9326 BAY VISTA ESTATES BLVD

83

84 City: ORLANDO FL 85 Zip Code: 32836

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: Cassandra Pociask — DATE: 3/28/96

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

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	POCIASK, C	
STREET ADDRESS	6318 MARINA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	[ ] DELETE
NAME	MCMULLEN, S	
STREET ADDRESS	3517 BON AIRE BLVD #1902	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	[✓] Change [ ] Addition
NAME	POCIASK, CASSANDRA	
STREET ADDRESS	9326 BAY VISTA ESTATES BLVD	
CITY-ST-ZIP	ORLANDO, FL. 32836	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
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TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (12/95)

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: Cassandra Pociask - CASSANDRA POCIASK D 407 2480255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #